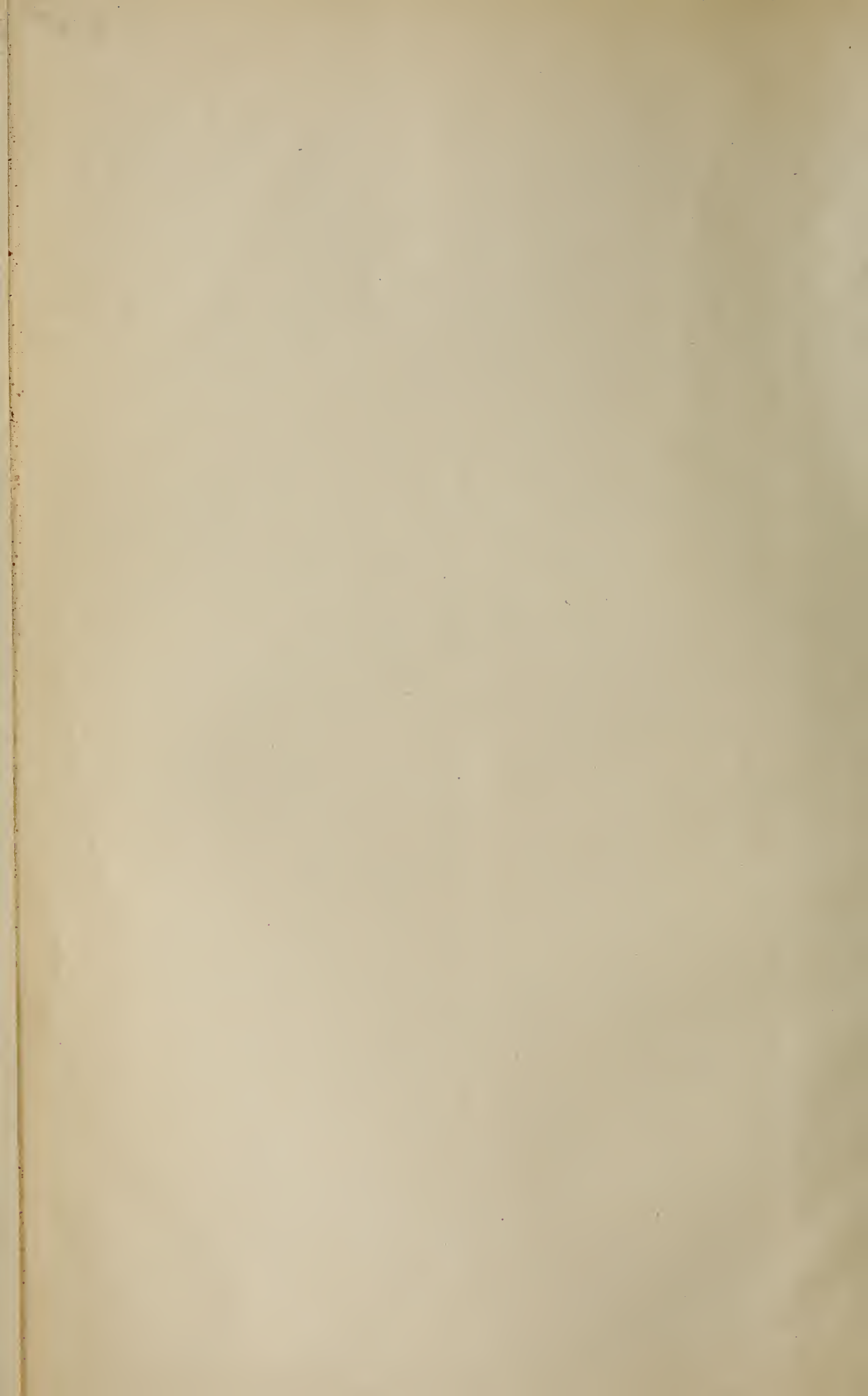




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CRITICISM IN MEDICINE.—It might be anticipated that the benefits of criticism were so well established as to need no defence. Such, however, according to certain medical men, is not the case. Criticism, or as they style it, "adverse criticism," appears to them to be the bane of the profession. These gentlemen enlarge upon the amount of valuable clinical material that fails to see the light because of the fear that observers have of adverse criticism. So frequent and so common are such statements that it is scarcely surprising to find them at times the theme of an editorial. The student of current medical literature, however, is apt to believe that if there are many physicians whose clinical experience fails to see the light, there are many more whose productions do see the light, not entirely to the satisfaction of the profession. The profession is not immaculate, strange as this fact may appear to the opponents of adverse criticism; and it is not to be expected that when errors are made they should remain uncorrected. To correct an error criticism is needed, and of an "adverse" character in some respects. To say that all criticism should cease because certain physicians are thin skinned, is to turn the profession into a grand mutual admiration society, whose only means of expressing opposite opinions would be by innuendoes and covert

sneers, or, in case physicians are pitted against lawyers in the courts, by means of scurrilous questions having no foundation in fact, but asked simply to destroy the professional reputation of one whom these advocates of mutual admiration dare not meet in the medical journals. Under such a system the medical societies would become, what too many of them are at present, places where a clique can eulogize its members, and where the discussion of a paper is regarded as a personal injury. The same gentlemen who deprecate criticism indulge, as a rule, in innuendoes, calling their opponents "too young," although there be but a few years between them, "quarrelsome," or "bad men." This latter phrase is used frequently among a certain class of dilettante practitioners, for most of the physicians who deprecate criticism are dilettanti, and usually is applied to a man of some originality, who is not content to take as gospel all the venerated errors of a clique, and whose criticisms fail therefore to come up to the peculiar standard of morality held by that clique. It is about time this cant should cease. Medicine is a science, and scientific men are of necessity critical; otherwise, progress is impossible. Criticism in medical literature, like criticism in general literature, has done good and not harm, and the profession needs more of it.

RENAL LESIONS IN PREGNANCY.—Mayor (*Revue de Médecine Suisse Romaine*) has recently classified the renal alterations which occur in pregnant women. Albuminuria of pregnancy is considered by some as due to purely mechanical causes, the uterus in its development compressing the arteries above the kidney, or the renal veins; according to other writers, albuminuria is the result of blood-changes, while others regard it as a serumuria. Mayor is inclined to admit the constant existence of a nephritis. All that can be affirmed "is that on the one hand, in every case of eclampsia there are observed manifest lesions of the kidneys, and on the other the lesions of the secretory cellules of the kidney met with in pregnant women are those which Cornil has described as occurring at various periods in parenchymatous nephritis. In puerperal nephritis, the changes are, First: A period of congestion followed by a second period of inflammatory anæmia, during which the formation of casts and the dilation of tubules take place. The lesions described are characteristic of a nephritis, and do not belong to the degeneration process. The parenchymatous nephritis is allied to nephritis a frigore, and has no relation with the secondary nephritis of febrile affections and acute diseases, or with that occurring from certain varieties of intoxication. Chemical reaction of the albumen passed presents another argument in favor of the similarity existing between puerperal nephritis and nephritis a frigore. Mayor cites a case which he claims demonstrates that lesions of the kidney predispose women affected with uterine diseases to grave accidents, in like manner as renal trouble exerts a baneful influence in traumatism. Albuminuria may be absent during pregnancy, and may appear at the time of development of some febrile affection.

The nephritis of pregnancy cannot be regarded as a constant precursor of puerperal phenomena and puerperal albuminuria. Nephritis of pregnancy, as also the puer-

peral form, generally yields to treatment. During puerperal fever, changes in the kidney, of various kinds are met with; some of these changes begin during pregnancy. others belong properly to the puerperal state. The latter may occur either as parenchymatous changes, or as interstitial suppurative nephritis. This suppurative nephritis is similar to that observed in surgery, in pyæmia resulting from affection of one or the other part of the urinary tract (surgical kidney). The parenchymatous changes, in their elementary lesions, resemble those met with in parenchymatous nephritis a frigore, and merit the name of puerperal nephritis. This form of parenchymatous nephritis gives rise to only one well-marked symptom, albuminuria. In its anatomical and clinical aspects it differs from the renal changes of typhoid fever, and resembles nephritis a frigore.

PARADOXICAL TEMPERATURE.—Dr. F. A. Mahomed (*British Medical Journal*, November 5, 1881), reports the case of a hysterical woman who appeared to be able to produce variations in the range of the thermometer at will. Her method of doing this was never discovered. The bulb of the thermometer was not hot after being taken from the axilla and found to show a temperature of 114°, nor was the axilla itself hot to the touch. The patient complained of hysterical dysphagia and polyuria. The case is of value as showing a new element of possible error in cases of disease attended by a high temperature.

AGARICUS IN NIGHT SWEATS.—Dr. R. V. Wolfenden (*Medical Times and Gazette*, October 8, 1881), describes agaricus as being chiefly found as a light brown powder of a bitter taste, of which the dose is twenty grains, prescribed in a confection. It is much used in France as a remedy for night sweats, and Dr. Wolfenden has found it of great value. It may at times cause diarrhoea, which is easily prevented by combining the agaricus with a little opium.

ANTE-NATAL DETERMINATION OF SEX.—Dr. T. D. Orrelle Patridge (British Medical Journal, November 5, 1881,) revives the old idea that the abdomen of a woman pregnant with a girl differs from that pregnant with a boy. In the first case the contour of the abdomen is more rounded and fuller over the hips, and in the second it is somewhat more pointed and angular. It would be difficult to give a reason why this should be so, and it is by no means certain.

YERBA SANTA IN BRONCHITIS.—Dr. Salomon (New Orleans Medical Journal, November, 1881,) claims that yerba santa, has in his hands, proven valuable in bronchorrhoea, in acute bronchitis, in the cough of measles, and as a prophylactic against laryngismus stridulus. Dr. Salomon used the fluid extract of the leaves, in doses of ten minims to one drachm, glycerine being the best vehicle, as water and syrups precipitate the gummy portion of the preparation. He believes that the remedy acts on the mucous membranes of the air passages as an astringent. In chronic bronchitis he has found it necessary, in the majority of cases, to abandon it, and use other remedies.

FAT IN THE URINE.—Rassman (Allgemeine Medicinische Central Zeitung, August 3, 1881) claims that fat is found in the urine in three classes of affection: First: True chyluria, parasitic, and non-parasitic. In these cases the urine usually contains albumen also, and not infrequently fibrin. Second: Fatty degeneration at some point of the urinary apparatus. To this class belong all those cases where the pus of an old abscess finds its way into the urinary passages. Third: Constitutional affections associated with marked cachexia or systemic intoxication, as phthisis, cancer, long-continued suppuration, pyæmia, yellow fever, phosphorus or carbonic oxide gas poisoning, chronic poisoning by turpentine, and severe injuries of the bones. In these cases the blood contains an abnormal amount of fat, which passes off by the kidneys. As

a proof of the correctness of this theory, Rassman cites a series of experiments on dogs, cats, rabbits, and frogs. After injections of oily emulsions into the blood or peritoneal cavity, fat was demonstrable in the urine on microscopic examination. At the same time the animals became somnolent, the blood-pressure temporarily sank, and the pulse became less frequent. When fat was injected in large quantities, death ensued in a short time, the heart becoming arrested in the state of diastole. Similar results were obtained after injections of emulsified oleic acid and oleate of soda in one to ten per cent. solutions. Rassman agrees with Olshausen in believing that these phenomena furnish an explanation of the retardation of the pulse during the first few days following childbirth; in other words, this retardation is due to fatty degeneration of the uterus and abundant absorption of fat into the blood.

SALICYLIC ACID IN SOFT CHANCRES AND CHANCROUS BUBOES.—Dr. Autier (Journal de Medecine de Paris, November 12, 1881,) claims that without being an infallible specific in these diseases salicylic acid is capable of rendering the most important service. It is without odor, gives but little pain, is soluble in alcohol and glycerine, and does not soil the linen. As a vehicle, glycerine presents many advantages: it does not evaporate, and it maintains on the surface of the ulcers a permanent coating which prevents the access of air. The following formula is employed by Dr. Autier, acid salicylic, two grammes; glycerine, one hundred grammes.

GULF WEED IN OBESITY AND EPILEPSY.—Dr. M. Milton claims (Maryland Medical Journal) that two grains of the powdered extract of gulf weed every two hours has proved of value in one case of epilepsy associated with obesity. The effect on epilepsy was doubtless due to the reduction of obesity which had aggravated it. There is much conflicting testimony on this point.

RECOVERY FROM HYDROPHOBIA.—Dr. John Ruxton (*British Medical Journal*, November 19, 1881), reports a case of seeming recovery from hydrophobia in a boy about six years old, who had been bitten by an infuriated bulldog a month previous to exhibiting the inception of the symptoms of the disease. Full details of the case are not given. The treatment used was large doses of tincture of *Cannabis Indica*. It is most probable that the case was one of the numerous neuroses of childhood markedly simulating hydrophobia.

SYNTHESIS OF CHINOLIN.—Chinolin is a substance which is derived from cinchonin and is very nearly related to it in its chemical nature. This substance has lately been formed by synthesis out of nitro-benzol, anilin, glycerin and sulphuric acid. This synthesis is a long step toward making the cinchona alkaloids themselves, and we may safely predict that within a few years these bases may be prepared in our laboratories in great abundance. Perhaps they can not be made in so great abundance nor so cheap as salicylic acid, yet the price can be made far less than at present. Anything which tends to cheapen the price of the quinine series is a boon to humanity.

LAPAROTOMY IN INTESTINAL OCCLUSION.—Dr. Claudat and Dr. Boeckel publish three cases of laparotomy for intestinal obstruction by constricting bands (*Revue de Chirurgie*, August 10, 1881.) Dr. Claudat's case terminated fatally. He regards this result as due to delay in the operation, and failure to divide one bridle which constricted the intestine, although two occluding bands had been severed. He therefore insists upon a prompt resort to surgical measures for the relief of the strangulated intestine, as soon as the diagnosis is definitely made and the ordinary methods of relief have failed. He regards it as almost certain, that the difficulty attending the operation and the chances of failure are in direct proportion to the time which elapses,

after the strangulation, until an operation is undertaken. To avoid an error of leaving some constricting band undivided, Dr. Claudat advises the following of the course of the small intestines from the cæcum upward, removing all constrictions until a coil of healthy bowel is reached, according to the method proposed by M. Duplay. He recalls the fact that the bowel will be empty below the principal obstruction. Dr. Boeckel's two cases recovered, although the operations were performed on the sixth and thirteenth day after the strangulation. From this he concludes that there are cases in which the grave symptoms of strangulation arise at a very late date, in which even tardy operative interference may be successful. Peyat and Petet collected, according to Dr. Boeckel, forty-nine cases of laparotomy similar to those just referred to, in which only seven escaped death. This alarming mortality he ascribes to unjustifiable delay on the part of the various operating physicians.

BRONCHIAL IRRITATION FROM A TOOTH.—Dr. S. F. Heath, Wilmington, Illinois, reports a case that fully corroborates the opinion expressed in the December fifth Review in regard to certain dangers arising from careless dentistry. A patient aged forty-five had three teeth drawn, one of which mysteriously disappeared. The patient soon after was confined to bed with symptoms of pneumonia, and apparently recovered, although from time to time spasmodic attacks of coughing occurred thereafter. During one of these attacks he spat up a tooth. There existed from time to time pain referred to the precordial region and the thorax.

OPEN CARRIAGES.—The *Lancet* says concerning open carriages for physicians: "An open vehicle enables the physician to purify himself, even to his hair, after quitting each sick room, thus insuring safety not only to patients, but also to the members of his family and his visitors."

NITRATE OF SILVER IN SCIATICA.—Dr. Greslon claims (*La France Médicale*, September 29, 1881,) the radical cure of an obstinate case of sciatica, by hypodermic injections of nitrate of silver. The patient, a lady aged fifty-three, of a lithic and rheumatic diathesis, had recently suffered from several attacks of acute articular rheumatism. Her metacarpo-phalangeal articulations presented the characteristic appearances of arthritis deformans. In March, 1878, the patient was attacked by left sciatica. The severest pain was experienced in the calf and at the sacro-sciatic foramen. After treating the case for twelve days with sinapisms, vesicatories, and anodynes, Dr. Greslon injected five drops of a twenty-five per cent. solution of nitrate of silver into the deeper tissues at the most painful part of the calf. The injection was attended by violent pain, and followed by an abscess, which was opened at the end of a week. A few days later the neuralgic pains had completely ceased in the leg. Eight drops were then injected over the sacro-sciatic foramen. No abscess resulted but an inflammatory exudation occurred, and discharged, six days after puncture, some sero-sanguinolent matter. A week later all pain had disappeared from the limb. The patient has had no relapse of the sciatica, although three years have elapsed since the last attack.

MECHANICAL ENERGY.—Sir William Thompson, at the late meeting of the British Association, delivered a highly interesting inaugural address on "Sources of energy available to man for producing mechanical effect." In all he finds there are six sources of such energy, namely: The food of animals; natural heat; solid matter found in elevated positions; natural motions of water and air; natural combustibles (wood, coal, etc.); artificial combustibles (smelted metals, hydrogen, etc.) The orator discussed fully the problem of utilizing tidal energy and pronounced the idea impracticable. One of the most use-

ful suggestions in the address is that wind mills may be used to store energy in a Faure battery, which in turn may be made to do all electric lighting. Evidently the problem of mechanical energy is still in its infancy, and there is no reason to believe that the machinery of a country will stand still when its coal fields and forests are entirely exhausted.

HYDRANGEA IN RENAL CALCULUS.—Dr. B. Edson, Brooklyn, New York, (*Medical Record*, December 10, 1881,) claims very good results from the use of drachm doses of the fluid extract of *hydrangea arborescens* in renal calculus, under which name a very good case of what is commonly called gravel is described. What the rationale of this action of the drug is, Dr. Edson does not profess to explain. He cites several additional cases from his own observation and that of others. The drug would certainly seem to merit trial in renal colic and allied affections.

DOUBLE NASAL SEPTUM.—The following abnormality was discovered by accident during a rhinoscopic examination by Dr. Lefferts (*Medical News*, January 7, 1881) of a young man of 25, who had applied for treatment for a chronic catarrhal pharyngolaryngitis. The posterior edge of the septum narium, from its point of emergence into the parts making up the vault of the pharynx to one half way in its course from the floor of the nares, was divided vertically into two distinct halves, enclosing between them a space large enough to contain, perhaps, the end of a lead pencil. This space was more or less triangular in shape, its base lying above, and was lined apparently with normal mucous membrane. Its depth was not ascertained, but an anterior examination disclosed nothing abnormal as to the configuration of the septum. There was no history of injury to the nose or skull. No symptoms were referable to the condition, and its presence was of course unknown to the patient.

RESULTS OF INCOMPLETE REMOVAL OF OVARIAN CYSTS.—Dr. Terrier (*Revue de Chirurgie*, August 10, 1881,) comes to the following conclusions regarding the results of partial removal of ovarian tumors, after analyses of several cases, and an exhaustive consideration of the literature. First: In incomplete operations, the evacuation of the cyst, the securing of the cyst-walls to the abdominal wound by means of sutures, and in drainage, furnish results which differ widely according to the nature of the cystic tumor. Second: When the cyst is unilocular, as are serous cysts of the broad ligament, and dermoid the cysts, result may be excellent, and the cyst-cavity is finally completely obliterated. Third: The same results in certain varieties of multilocular cysts. Fourth: When a multilocular cyst presents parietal vegetations, the results are very poor; the tumors constantly recur; the abdominal fistula continues open for an indefinite period; and finally, supuration exposes the patient to septicæmia and exhaustion. Fifth: Whatever the cyst be, unilocular or multilocular, there is always a possibility that a pre-existing ovarian tumor, so insignificant as to have escaped observation at the time of the operation, may become fully developed.

A NEW COMPLICATION OF LITHOTOMY.—During a recent clinical lecture, Dr. Agnew (*Medical News* January 7, 1881) who was about to perform lithotomy; called attention to a temporary condition which necessitated delay. Etherization was complete, but the respiratory movements were hurried and excessive; the sphincters of the anus were entirely relaxed, and the anal aperture was patulous, an inch and a half or two inches in diameter, and moving in sympathy with the expansion and contraction of the thorax. In this manner it seemed to act as a valve, admitting air to the rectum, but not favoring its expulsion, so that for several minutes the lower bowel was in a state of distention. There would have been great danger of wounding it had

the operation been proceeded with under these circumstances. In a short time, as deeper anæsthesia was produced, the anus resumed its normal appearance, and the rectal dilatation disappeared. So far this possible complication of lithotomy has not been alluded to hitherto.

ENEMATA OF PEPTONES.—M. Henninger (*Medical and Surgical Reporter*) gives the following formula for enemata of peptones: Five hundred grammes of very lean meat, minced fine, are placed in a glass receiver, on which are poured three litres of water and thirty cubic centimeters of hydrochloric acid, of density 1.15; to this is added two and a half grammes of the pure pepsine of commerce, which will digest about two hundred times its weight of moist fibrine. It is digested during twenty-four hours at a temperature of 113° F., either in a water bath or a stove; it is then decanted into a porcelain capsule, brought to boiling point; and then an alkaline solution is poured into it (two hundred and fifty grammes of carbonate of soda to one thousand grammes of water), until it shows a very slight alkaline reaction. About one hundred and sixty to one hundred and seventy cubic centimeters of this solution must be added to it. When this result is obtained, the boiling liquid is passed through a fine linen cloth, the insoluble residue being expressed; and this liquid, which amounts to about two and a half litres (three pints) is reduced in the water bath to one thousand five hundred or one thousand eight hundred cubic centimeters. Half of it is administered every day in three enemata, adding two hundred grammes of white sugar for the twenty-four hours. The whole of the meat is not dissolved; the fat, the tendons, the connective and elastic tissues, form an insoluble residue, of about a third of the meat used.

DR. John W. Draper, at one time Professor of Chemistry and Physiology in the Medical Department of New York City University, died January 4, 1882.

THE LONDON WATER SUPPLY, furnished by seven different companies, is subjected to daily examination by those eminent chemists, William Crookes, William Odling and C. Meymott Tidy. Their monthly reports always contain many suggestive facts useful in the discussion of problems of public hygiene. During the month of August last they paid particular attention to the relative amount of organic matter in the water of the Thames at London and various points above. The result of these investigations is that the Thames water does not gather any additional organic matter from the sewage of the many cities along its banks. In the language of the report, "Further, our results, which are in accordance with those of all chemists who have examined and reported on the subject, show that the water of the Thames, in its flow of some hundred and thirty miles as a definite stream, does not acquire any increased proportion of organic matter; the amounts of organic carbon and nitrogen existing in the water supplied by the companies not exceeding the amounts existing in the river water at Lechlade, where the main stream of the Thames is formed."

ACTINIUM.—Dr. T. L. Phipson noticed that certain zinc paints became dark in sunlight, and regained their white color during the night. From this deportment he was led to suspect the existence of an element in zinc and zinc ores which had not been described. He instituted an extensive series of experiments to isolate if possible this suspected element. Success has finally crowned his efforts. He has isolated and studied the sulphide and oxide of a new element occurring in zinc, and which, on account of its sensitiveness to light, he has named Actinium. In some zinc pigments he obtained no less than four per cent. of the sulphide. He accounts for the discrepancies in the atomic weight of zinc as given by different observers, by the presence of this new element. It is quite remarkable that so well known a substance as zinc

should have furnished within a few years two new elements, gallium and actinium.

NEW TEST FOR CARBONIC ACID IN THE BREATH.—Mr. C. F. Cross, in the *Chemical News*, gives a new experiment for demonstrating the presence of carbonic acid in the breath. For this purpose a perfectly neutral solution of potassium iodide containing a little potassium iodate is required. To this solution a little dilute starch paste is added, and the respired air is driven briskly through it. In about three minutes the blue color is developed. This is much more striking for a lecture-room experiment than the usual method with lime-water. Mr. Cross has proved by parallel experiments with air that this liberation of iodine is not due to any accidental acid vapors which the air might contain. It must therefore be due to carbonic acid or some other acid in the expired air whose existence has not been hitherto suspected.

NIAGARA FALLS, and the energy wasted there, occupied a considerable portion of the British Association address already alluded to. Sir William Thompson looks forward to the day when the mechanical effects produced in the cities of New York, Philadelphia, Boston and Montreal, may all have their source of energy at Niagara. By careful electrical calculation he has found that a copper wire half an inch in diameter receiving at Niagara Falls and that by appropriate electrical machines, a current representing twenty-six thousand horse-power, will deliver at any of the above cities a current equal to twenty-one thousand horse-power. The cost of such a copper wire will be less than two hundred thousand dollars. The copper wire is practically indestructible, and thus an outlay of the above amount will furnish perpetually a motor force of twenty thousand horse-power at a distance of three hundred miles from the source of energy. It may be hoped that the day will come when the machinery of the whole country will be turned by the Niagara river.

ORCHITIS OF MUMPS, according to Dr. C. Dulges, of London (*Lancet*), is not a metastasis, but a complication that may be anticipated. It occurs only after puberty, and comes on generally between the seventh and ninth day. Its approach is indicated by a rise of temperature which occurs before any pain is felt. Keeping the patient in bed, after taking the temperature, and applying hot poultices to the testicles as soon as fever appears, mitigates the symptoms in a very marked manner.

EPILEPSY FROM VACCINATION.—Dr. Craig Dixon, Sydney, New South Wales, (*British Medical Journal*, December 17, 1881,) reports a case of petit mal appearing in a girl previously healthy, immediately subsequent to and apparently consequent on scarification preliminary to vaccination. The probabilities are that the petit mal was due to a series of vaso-motor disturbances originating from the shock of the operation. There is scarcely an operation, however slight, that may not cause some neurosis in certain persons of an inherited neuropathic diathesis.

TREATMENT OF LOCOMOTOR ATAXIA.—Dr. Mortimer Granville, in the *Practitioner*, November, 1881, advises the rest treatment of locomotor ataxia. The patient is directed to stand with his eyes closed in his bath, after pouring a small can of cold water down the spine, and to persevere in the attempt to do this steadily for, at first a quarter of an hour, and as his state improves, for half an hour every morning. He is to be furnished with a chair or rail at hand, to which he can cling in case of need; but instructed to avoid using it except in actual danger of falling. When he commences the daily exercise, he will, probably for some two or three weeks, make little progress, but after this he will begin to be able to stand. He also recommends, in sthenic cases, application of a mustard plaster at night, the full length of the spine, until redness is produced, in addition to the cold douche in the morning.

DIPHTHERIA.—Dr. Albirtes (*Bulletin delle Scienze Medici*, July, 1881,) on treating non-diphtheritic false membranes with sulphuric acid has obtained crystals insoluble in ether or absolute alcohol, but soluble in alkalies, and which seem to be crystals of tyrosine. Nothing of the kind occurs in diphtheritic membranes whence Dr. Albertis concludes: First: That diphtheritic false membranes have a composition chemically distinct from false membranes of inflammatory origin. Second: The former do not contain aromatic compounds like tyrosine. Third: The action exercised by sulphuric acid, and microscopical examination suffices to establish the nature of a false membrane.

DELPHINIUM.—This plant, which has long been used as a parasiticide in various public institutions of the country, has been made the subject of special study by Dr. Benvenuto (*Giornale Italiana delle Malattie Veneree e della Pelle*, August, 1881,) and from his experiments he concludes that the flowers of delphinium possess an insecticide action. They have a marked anæsthetic action, are excitant, rubefacient astringent and azymotic. The properties given by Dr. Benvenuto have long been known, and should lead to further examination and experimentation.

SENILE OSTEOMALACIA.—Dr. Emile Demarge (*Revue de Medecine*, Sept. 10, 1881) comes to the following conclusions respecting this: First. Osteomalacia can develop in old people as in adults. Second. Clinically existence of a form of osteomalacia can be admitted, localized in the vertebral column, the thorax, and the pelvis, and, although this form is more frequent in the aged, it may also exist in adults. Third. So-called senile osteomalacia is essentially distinct from senile osteoporosis, and has the same lesions as true osteomalacia occurring in adults, from which it differs only in the age of the subject in whom it may make its appearance.

TREATMENT OF SPERMATORRHOEA.—Dr. Nowatschek reports (Schmidt's Jahrbücher, January, 1881) a case of spermatorrhoea consequent on typhoid fever, the diagnosis resting on the presence of spermatozoa in fluid which was constantly oozing from the urethra. Iron, quinia, and cold applications to the genitals were tried in succession with some relief. Lupulin, camphor, and bromide of potassium were without effect. Atropia was then used, and the patient completely recovered in five days. Dr. Nowatschek (Journal de Medecine de Paris, October 8, 1881) cites a second case treated with equal success by the hypodermic injection, in the perineum, of a one per cent. solution of atropia.

EYE ENUCLEATION IN EPILEPSY.—Dr. H. Rosencrans, Elgin, Illinois, (Chicago Medical Journal and Examiner) reports the following case: The patient for years past had been troubled with epilepsy. The history given by himself was that about ten years ago he lost the sight of one of his eyes by taking "cold" in it. Since then he has had his eyes inflamed periodically, pained him very much, and often brought on epileptic fits. Dr. Rosencrans advised its enucleation, and he consented to its removal. On the 9th day of February last Dr. Rosencrans removed it. While under the influence of chloroform, and while Dr. Rosencrans was in the act of removing the eye, he was seized with a fit of epilepsy, and it took four strong men to hold him on the operating table. They kept up the chloroform, and, as soon as his fit left him, lasting about ten minutes, Dr. Rosencrans at once removed the eye. With cooling and antiseptic dressing the socket soon healed. Dr. Rosencrans then, as a constitutional remedy, put him on the use of bromide of potassium. He has had no epileptic fit since. The patient cannot be said to be cured, although no doubt an amelioration has been produced. The period which since the operation is so brief that the absence of convulsions may have been no

more than a mere coincidence, as such ameliorations often occur in epilepsy on any strong mental impression being made on the patient in any way.

PILOCARPINE IN REMITTENT FEVER.—Dr. George A. Harris, Backergunge, East Bengal, India (British Medical Journal, December 1881), claims to have secured good results in the treatment of bad cases of remittent fever and other febrile conditions associated with hyperpyrexia, by the use of nitrate of pilocarpine. This remedy has also been of value as a good prophylactic against the return of the chill in ague.

EPIDEMIC NEUROSIS.—The Lancet, in a recent number, narrates a remarkable nervous epidemic which has broken out in one of the valleys of the Italian Alps. The people of the valley are so remote from the outer world that they are still, it seems, steeped in mediæval notions. It is such a pleasant spot to live in that intermarriage is described as the rule, and idiocy, deal-mutism, epilepsy, suicide, and other manifestations of mental derangement are extremely common. In such a population the soil is prepared in which extravagant emotion can flourish into frenzy. After the prolonged drought of February last a villager declared that he saw water flowing on the face of the saint pictured on a chapel. His conviction was at once shared by the crowd, and the miracle was attributed to the intercession of a girl who formerly suffered from epilepsy. She was the subject of an excessive religious mysticism, accompanied by hallucinations. Her frenzy was caught by her father and brothers, and also by strangers. The news of the miracle spread rapidly through the district, and crowds came to see the favored agents. A similar appearance in England was traced to a bird nestling on the head of a statue, and which for a long time created a great deal of excitement, and led to nearly a whole village becoming depopulated through superstitious fear of the phenomenon.

LOCAL.

CHICAGO MEDICAL SOCIETY.

At the December 19th meeting of the Society, Drs. L. J. Lescher, Frank S. Johnson, Boerne Bettman and Mary E. Bennett were elected to membership. Dr. E. Ingals read a paper on the "Management of Parturition," in which he considered many points in the conduct of obstetric cases. The paper was fully discussed. Dr. G. C. Paoli thought the paper valuable, but that the poorer classes would not be able to take the hygienic precautions mentioned by Dr. Ingals. The Doctor considered ergot valuable; he gave ipecacuanha in one-half grain doses to produce uterine contractions. Dr. W. T. Montgomery thought that the eyes should be well looked to in cases of confinement, as *tedions asthenopia* frequently occurs in such cases. He had never had a case of postpartum hæmorrhage, due, as he thinks, to taking the precaution to keep the patient's feet warm. Dr. D. M. Tucker said that involution of the womb is not completed in less than thirty days after confinement, and that consequently the patient should rest for nearly that length of time. Drs. Walton, E. F. Ingals, W. H. Curtis, C. Krusemaick, H. D. Valin and L. H. Montgomery also joined in the discussion. Drs. Curtis and Krusemark advocated pressure of the abdominal aorta in cases of postpartum hæmorrhage. Dr. Ingals also reported a case of fibroid tumor of the uterus. The Society then adjourned. At the January 2 meeting, Dr. H. D. Valin is expected to report several cases of typhoid fever.

THE CHICAGO BIOLOGICAL SOCIETY

held its regular monthly meeting December 7. In the absence of Dr. Haines, Dr. Fenger was made chairman for the evening. The election of officers was next in order, and the following were elected for the ensuing year: President, Dr. Christian Fenger; Vice-President, Dr. Plym. S. Hayes; Secretary, Dr. Roswell Park; Council,

Drs. Fenger, Park (ex-officio), Schaefer, Tilley and Haines. Dr. Ingals exhibited a case of aneurism of the aorta. The patient was taking daily, with benefit, eighty grains of potassium iodide. In connection with this case, Dr. Fenger related a case of aortic aneurism, in which some of the large vessels were ligated. Dr. E. P. Murdock read an inaugural thesis on "Human Monstrosities," giving general views as to their classification and formation, and devoting some time to the consideration of the fallacies of maternal impressions. He also gave accounts of three specimens in his possession, and exhibited drawings of the same. The paper was discussed by Drs. Hayes, Ingals, Tilley and Park. Dr. Valin's inaugural thesis was made a part of the programme of the January meeting. Drs. Murdock and Valin were unanimously elected to membership. Dr. Hayes offered an amendment to the regulations, limiting the membership of the society to twenty. This was laid over until the next meeting. Dr. Ingals offered another amendment by which the society should adjourn at 10 P. M., unless in the midst of hearing a paper read. This amendment was also laid over. The society then adjourned. At the January meeting Dr. Haines, the retiring president, will deliver his exaugural address, and Dr. Valin will present his inaugural thesis, entitled "A New Theory of Generation."

DR. Samuel Green has been elected Mayor of Boston.

A CALIFORNIA woman is reported to have given birth to sextuplets.

DR. I. I. Hayes, of Arctic exploration fame, died December 17, 1881.

DR. Thomas S. Curtis, a prominent physician of Boston, died December 13, 1881.

DR. D. W. Bricknell, a prominent physician of New Orleans, died November 13, 1881.

DR. Woolsey Johnson has been confirmed as Health Commissioner of New York City, vice Dr. Janeway.

ORIGINAL CONTRIBUTIONS.

ABDOMINAL WOUNDS.*

Report of a Case of Penetrating Wound of the Abdomen and Small Intestine.

BY DR. CHRISTIAN FENGER, CHICAGO.

The case to which I desire to call your attention to-day, has a certain practical importance, mainly because it belongs to the class of traumatic and consequently acute injuries which any of you may occasionally meet with in your future practice, and in which prompt action will be required of you, action so prompt as not to admit of the delay which the obtaining of skilled assistance would cause, and an action on the promptness of which the patient's life depends.

The history of the patient whom I now present to you, is as follows: Pascale Copelli, an Italian who has been only a short time in this country, forty years of age, a shoemaker, was admitted to the Cook County Hospital at 4 P. M., November 14, 1881. An hour before admission, while engaged in a dispute over cards, he was stabbed with a stiletto, in the left side of the abdomen, causing the protrusion of a mass of the small intestines from eight to ten feet in length. The weapon also passed obliquely through the intestine, inflicting an incised transverse wound about an inch in length. He became unconscious after receiving the injury, and was brought immediately to the hospital and placed under my care. When I was called to see the patient, I had just finished an autopsy lecture in the dead-house, and consequently as I did not wish to operate upon or even to handle the prolapsed intestines, I requested the House Surgeon, Dr. B. C. Meacher, to perform the operation.

On examination, an incision through the abdominal wall was discovered, just in front of the left anterior superior spine of the ilium. Eight to ten feet of the small intestines, which had prolapsed from the abdominal cavity, were wrapped up in some old garments, after the removal of which, and some blood, partly fluid and partly clotted, a transverse incision an inch in length passing through the peritoneal and muscular coats of the intestine was found on the convex side of one of the loops. In the central part of the incision the mucous membrane protruded like a

hernia, and constant bleeding took place from severed vessels in the sub-mucous tissue of the intestine. No fecal matter or air escaped through the incision, probably because the mucous membrane was not entirely perforated.

Dr. Meacher now proceeded to unite the wound in the intestine in the following manner: A slightly curved needle armed with medium sized catgut was introduced on one side, and half an inch from the edge of the incision, passed through the peritoneal and muscular coats, in the sub-mucous tissue, down toward the wound for about a quarter of an inch, and then brought out a quarter of an inch from the edge of the wound; re-introduced quarter of an inch from the opposite edge of the wound, passed through the wall of the intestine in the manner described above, for a quarter of an inch, and finally again brought through the surface.* Six such sutures, distant about three lines from each other were found to be sufficient for the perfect closure of the wound in the intestine. When these sutures were tied, the hæmorrhage from the intestine ceased, and a perfect juxtaposition of the peritoneal surface surrounding the wound was effected, to the extent of about half an inch. The mass of prolapsed intestines and the anterior wall of the abdomen were now carefully cleansed by irrigation with a two and one half per cent. solution of carbolic acid. Numerous small adherent clots of blood were removed by disinfected sponges, and a dressing forceps, and the prolapsed intestines replaced through the opening in the abdominal wall, not without difficulty, as there was considerable hæmorrhage from the abdominal wound.

As the opening in the skin was not large enough to allow of thorough examination of the deep parts of the wound, the wound through the integument was dilated about an inch upward and downward, after which it was seen that the opening through the muscles and peritoneum was larger than the original opening in the skin. Two bleeding vessels in the bottom of the wound were caught up and ligated, and thereafter the blood which had entered the abdominal cavity was removed. The latter procedure was effected by means of small disinfected sponges on sponge-holders, which were introduced upward and downward over the whole region of the abdo-

*A clinical lecture delivered at Cook County Hospital.

*The drawings which I have made upon the blackboard, will illustrate the method of passing these sutures.

men, and which brought out a moderate quantity, perhaps two ounces of blood, partly fluid and partly clotted. Having thus thoroughly cleansed the peritoneal cavity, the wound in the abdominal wall was united by deep and superficial sutures, a drainage tube inserted in the wound of the abdominal wall only, not extending through the peritoneal wound. Antiseptic dressings were applied and retained in position by a cincture around the abdomen, and a spica bandage.

After the operation the patient's pulse was 102; temperature, 97°. The patient showed no evidences of shock when he awoke from the narcosis. He was ordered on absolute diet; that is, he was not allowed to eat or drink anything. For thirst or dryness, he was allowed to keep small pieces of ice in the mouth.

November 15, A. M.; pulse 126; temperature 99°. Tincture of opium, given with the ice, was vomited up twice and was subsequently given *per rectum*. He rested well during the night and complained of no pain; P. M.; pulse 108; temperature 98°.

November 16, A. M.; pulse 90; temperature 99.2°. The patient slept well and has had no recurrence of the vomiting. He has a little tympanites of the abdomen, but no diffused pain, and a feeling of soreness only around the wound; P. M.; pulse 90; temperature 99.4°.

November 17, A. M.; pulse 90; temperature 99.2°. Has slept well, and complains of slight pain in the region of the wound. Is getting hungry; P. M.; pulse 90; temperature 99°.

November 18, A. M.; pulse 84; temperature 99.2°; P. M.; pulse 90; temperature 90.6°. Milk and wine were administered *per rectum*.

November 19, A. M.; pulse 84; temperature 98.4°. The pain in the abdomen subsided after the passage of flatus through a rectal tube. The patient feels well but is hungry and constantly calling for something to eat.

November 20, A. M.; pulse 88; temperature 98.4°. The patient was given some oyster soup last night, and complains of a little pain in the left side, but there is no tympanites.

November 23; pulse 76; temperature 98.4°. The wound was dressed, and the sutures and drainage tube removed. Perfect union by first intention was obtained. The patient was still confined to liquid diet.

November 26; pulse and temperature

normal. The bowels moved, for the first time since the operation, without the use of a laxative.

November 27. The patient is up, walking around the wards, and feels well.

November 30. He is allowed solid food in moderate quantity.

December 5. The patient is walking around the whole day, and feels perfectly well.

December 8. Discharged, recovered.

This case illustrates one of the important questions in modern surgery; the treatment of wounds of the intestines. The treatment has undergone some changes in the last decade, and to these I now desire to call your attention. Prior to this time the suture of wounds in the intestines was regarded as so unsafe a procedure, as regards the perfect and reliable closure of the wound, that the opinions of surgeons as to its treatment were divided. Even in cases of smaller wounds, longitudinal or transverse, the latter dividing only a portion of the circumference of the intestine, the more cautious portion of the surgical fraternity advised that the wound be united with the opening through the abdominal wall, so as to be assured that all faecal matter should be evacuated through the wound, and that none should penetrate into the peritoneal cavity. By this treatment an artificial anus was the inevitable result.

The more rational, but at the same time more daring party of surgeons, knew from the results from the suture advised by Lambert, that it was possible to unite intestinal wounds by first intention, thus avoiding the necessity of an artificial anus. But in a number of cases in which Lambert's suture had been used, union by first intention did not take place, and consequently after the replacing of the intestine, a perforating peritonitis set in, and frustrated the results of the operation. Thus the matter stood, between an artificial anus with its well-known serious inconveniences, sufficient to make the patient's life miserable, but saving his life, on the one hand, and on the other hand, the dangerous method of suture, in which non-union and consequent perforating peritonitis were to be feared.

In this as in many other fields of surgery the doctrines of antiseptic surgery; that is, aseptic material for operating and dressing, combined of course with the more minutely developed technicalities, have entirely changed our views on the subject. We

are now enabled, not only in smaller longitudinal and transverse wounds, but also in wounds dividing the whole lumen of the intestine, extending down even into the mesentery, to effect, by the careful application of sutures, a perfect union by first intention, thus avoiding the inconvenience of an artificial anus. Lambert's principle of uniting the peritoneal surfaces will always be the guiding one. But the acquisition due to modern surgery we owe to one of Billroth's operations for extirpation of the stomach, in which it was found that, notwithstanding the use of aseptic silk sutures, minute quantities of faecal matter passed out along a suture penetrating through the layers of the intestine. The consequence of this experience was naturally the rule that sutures should be passed within the coats of the intestine, or in other words, that the sutures should be passed from the peritoneal surface down into the sub-mucous, and from this, out again through the peritoneal surface, so as to prevent a penetrating wound of the intestine from the needle. Any longitudinal or transverse wound of the intestine can be united in this manner, and if so united, which depends to a great extent upon the manual dexterity of the surgeon, it will necessarily unite by first intention, without any danger of perforating peritonitis.

The material for sutures, when aseptic, whether Czerny's silk or Lister's catgut is not very important, for the following reasons: First: The inabsorbable silk will be encapsulated and be permanently innocent when not in contact with the faecal matter of the intestines. Second: The absorbable catgut, if it remains unabsorbed for two days only, will afford sufficient security of union if the intestines are kept quiet, as the peritoneal surfaces require only about thirty-six hours for primary agglutination.

In the more extensive wounds of the intestine in which the whole of its circumference is divided, and the wound penetrates down into the mesentery, the operative procedure is of the same general character and only a few technical differences are necessary to secure the perfect union of a sufficiently large area of peritoneal surface. The procedure I should advise in such cases is the following: Divide the mesentery perpendicularly, sufficient to permit of the invagination of about half an inch of the intestine. Unite the entire circular wound with a sufficient number of Lambert's sutures,

either penetrating the intestine or not. Then invaginate the upper portion of the intestines to the lower, to the extent of about a quarter of an inch. Secure this invagination before taking this last step in the operation, by a sufficient number of non-perforating sutures. Effect the invagination simultaneously with the knotting of the sutures, and finally apply a similar number of intermediate, superficial sutures of very fine silk or catgut, taking in as far as possible only the serous membrane.

There is one and only one serious difficulty in the carrying out of this procedure: namely, Can we always be certain which is the upper or afferent, and which the lower or efferent section of the intestine? The answer to this question must be that in a number of cases we cannot tell. Our knowledge of normal anatomy must be our only guide here. Whenever examination of the prolapsed intestines, either alone or combined with palpation, reveals some of the well-known anatomical landmarks, as the upper end of the jejunum, the caecum, or any of the flexures of the colon, or the rectum; we may then be able to distinguish between the upper and lower end of the intestine. But if we have to deal with one or more ansæ of the small intestine, and we do not deem it advisable, which, I should not feel inclined to do from the present standpoint of surgery, to draw out through the abdominal wound a larger part, if not the whole of the small intestine for the purpose of ascertaining the exact location of the wound, then we will have to take our choice between the divided ends of the intestine, and make the invagination at haphazard.

The inconvenience, or to go a step farther, the danger from the invagination of the efferent into the afferent end of the cut intestine has a purely mechanical importance. It is obvious that the invaginated portion, when pointing against the current of the faecal matter in the intestines, will form a circular valve that will be closed by the force of the current, more or less perfectly, the amount of closure being dependent partly upon the diameter of the valve, and partly upon the diameter of the intestine operated upon. In other words, the broader the valve and the smaller the intestine the greater the danger of occlusion, or some impediment to the passage of faecal matter. Consequently the danger is not very great in such places as the colon or the ventricle. In the small intestine the

danger of occlusion must be guarded against, but as the cases thus far recorded are so few, it is impossible to tell how great the real danger is.

In a case operated upon by Dr. Madlung, of Bonn, (*Berliner Klinische Wochenschrift*, February 7, 1881, page 75,) in which, during the extirpation of a tumor in the mesentery, the removal of about ten centimeters of the small intestine was necessary, and the efferent portion of the intestine was invaginated into the afferent, for about three-quarters of an inch, the narrowing of the small intestine thus caused, occasioned paroxysmal attacks of colicky pains, and vomiting whenever anything except liquid diet was given. Even very small quantities of crackers or finely minced meat would cause these attacks, which were overcome without serious consequences by the use of castor oil and other laxatives, but nevertheless caused considerable alarm to the patient as well as to the operating surgeon for more than a month after the operation, and necessitated a very slow and careful transit from liquid to the ordinary diet.

This case shows us that we must expect this disagreeable inter-current complication in the after-treatment of operations on the small intestine, even if we know the exact locality of the portions of the intestine to be united, and in cases which the efferent end of the intestine has been invaginated into the afferent end, the liability is much greater. Cases in which the latter procedure has been effected, and followed by fatal intestinal obstruction, are not yet on record, but in my opinion the two following precautions should be observed in the performance of the operation: First: Not to make the invagination more extensive than absolutely necessary for safe union, say half an inch. Second: Keep the patient on liquid diet, if necessary, even for several months after the operation. This latter inconvenience, even if it has to be kept up for six months after the operation, will be amply repaid by the consequent avoidance of the misery of an artificial anus.

NEPHRECTOMY.—Dr. T. Gaillard Thomas (*Medical News*, January 7, 1881, reports a case of extirpation of the left kidney for fibro cystic tumor. The operation was successful, and the patient recovered. Operations of this kind are yielding good results.

FATAL TETANUS CAUSED BY A PIECE OF WOOD IN THE ORBIT.

BY F. C. HOTZ, M. D., CHICAGO,
Ophthalmic Surgeon to Illinois Charitable Eye and Ear Infirmary.

Foreign bodies in the orbit seem to belong to those accidents which are rarely complicated by tetanus; for among fifty-nine cases of foreign bodies in the orbit Dr. Berlin* found only one case of fatal tetanus† recorded in the medical literature.

This reason alone would be ample apology for reporting a new case of this kind. But there is an other reason which prompted me to publish it. Its history, I think, is an impressive lesson of the importance of that oft taught, that just as often forgotten, fundamental rule in surgery: That we should make our own careful examination, and not the statement of the patient or any body else, the basis of our diagnosis and treatment.

This rule applies with particular force to cases in which we have to decide upon the presence or absence of a foreign body; and the departure from this rule has often led to serious or ridiculous blunders in diagnosis and treatment. In a recent lecture‡ Dr. Roosa gave the students the very sensible advice "never to believe that there is a foreign body in the auditory canal until you have seen it with your own eyes." And with a slight modification this advice holds good in all cases, viz.: To take no person's word for the presence or absence of a foreign body, but to trust only your own examination. For numerous instances are known in which a patient called upon a surgeon for the removal of a foreign body from the ear, eye, nose, or a wound, where none could be found; or in which the patient asserted positively that the foreign body was removed when the examination showed it was not. In either case the patient is to be excused for his mistake; but the surgeon who would accept the patient's word as guide for his diagnosis and treatment would be guilty of an unpardonable blunder.

As we shall learn from the history of the case, a piece of wood was removed from the wound directly after the accident; and this fact led the physician to whom he applied for advice, to the belief that no more splinters could be in the wound. Had the wound been probed to decide this import-

* *Handbuch d. ges. Augenheilkde*, Bd. VI.

† Reported by Mr. Hulke in the *British Medical Journal* 1867.

‡ *New York Medical Record*, December 10, 1881.

ant question, the remaining splinter would have been discovered and its immediate removal would probably have saved a valuable life.

The accident occurred in the afternoon of the 12 of October, in this way: The boy, aged sixteen years, tried to get on a scaffold which was about six feet from the ground. In doing so he supported himself upon a long, but rather slender stick of pine wood, which stuck in the ground. Just when he was on the scaffolding the stick broke in two; the boy losing his equilibrium fell down with his head foremost, and in his fall struck upon the broken end of the pine stick, which made a small lacerated wound about half an inch below the inner canthus of the left eye. Directly after the accident the boy pulled from the wound a splinter of wood which he threw away. He bled profusely from both nostrils, and complained of pain along the left side of the nose and in the teeth of the left upper jaw.

The physician who was consulted pronounced it a slight wound, and without examination decided against the presence of a splinter because the boy had removed one. The wound was washed with salicylated water and dressed with lint moist with the same lotion, and the patient was brought to bed. Toward evening of the same day (several hours after the accident) the right eyelids began to swell; and on the next morning an erysipelas-like swelling extended over the whole face, but was more marked on the right side. His pulse, however, was normal; his tongue clean, and the temperature of the body not increased. While the lids of the left eye quickly recovered their natural appearance, the swelling of the right cheek and eyelids lasted three or four days. When it had subsided so that he could open the right eye, it was found that the sight of neither eye seemed to be impaired; but there was double vision, the two images being several feet apart horizontally, and the right eye appeared considerably out of its socket "as if a cushion had been pushed behind it." During these days the wound discharged very little, while large quantities of pus and mucus were discharged from the nostrils.

On the 19 of October, just one week after the accident, the boy complained that he could not swallow easily, and his jaws ached when he opened his mouth. From that day on trismus gradually became more

and more pronounced, and all its characteristic symptoms were manifest when I saw the patient on the 24. His face showed that peculiar expression due to the spastic contractions of its muscles; between the teeth he had a rubber wedge which kept them slightly apart. Deglutition was very difficult and imperfect; fluids only in very small quantities could be swallowed by great efforts; and often some of the fluid passed into the larynx, causing paroxysms of a very distressing cough.

I found considerable protrusion of the right eye with chemosis of its conjunctivæ; its movements were unimpaired in all directions but one, its rotation toward the nose being impeded, thus producing a marked degree of divergent strabismus with lateral diplopia. There was no evidence of contusion or any other external lesion about the right eye; its media were transparent, retina and choroid normal, but the optic disc was swollen and hyperæmic.

The left eye showed nothing abnormal except a slight degree of simple conjunctivitis. About half an inch below the inner canthus there was a small irregular wound with discolored edges, from which a small quantity of sanious pus was discharged. Probing this wound three-quarter inch deep I struck a firm, rough immobile body which I took for a piece of wood, from the fact that that it was not as hard as bone, but decidedly harder than fibrous or cartilaginous substance. Along the anterior side of the splinter the probe could be passed on to the depth of two and one-half inches in the direction toward the right orbit. The length of this track together with the immobility of the foreign body and the displacement of the right eyeball left no doubt that the splinter was large and projected into the right orbit.

Proceeding, at once, to remove the splinter I enlarged the original wound by an incision along the infraorbital margin. Thus the end of the wood was exposed and could easily be seized by a pair of strong polypus forceps, and by carefully gauged tractions it was removed without the least injury to the surrounding tissues. It measured two inches in length and was three-quarters inch thick at the larger end, getting somewhat thinner toward the other end.

After the extraction of this piece of wood I carefully probed the whole track of the wound in order to make sure that there were no more splinters of wood or detached

fragments of bone in it. Not finding any I dressed the wound with cotton moistened with salicylated water. On account of the great difficulty in swallowing no injections were made into the wound for fear the fluid which necessarily had to run down into the nasal and naso-pharyngeal cavities, would cause violent spasms of the facial muscles.

The removal of the wood made the patient feel as if a heavy weight had been "lifted from his head." He soon fell into a quiet sleep which lasted two hours. When he awoke his face had a more natural expression; he could open the mouth wider, and could swallow better; and the protrusion of the right eyeball was perceptibly less. But the improvement only lasted twelve hours. On the 26 the trismus became more severe than ever before, and was attended by spasms of the cervical muscles drawing the head backwards. On this day the muscles of the anterior cervical region became rigid, and deglutition was absolutely impossible. The pulse which heretofore had been very regular and between seventy and eighty, now became irregular and varied between one hundred and one hundred and thirty; and the temperature was markedly increased. On the 29 the muscles of the chest were involved; during the following night opisthotonic spasms set in, at first slight, short and far between, but growing more violent and frequent toward morning. The patient showed marked symptoms of exhaustion (feeble pulse, cold hands and feet), and at nine A. M. he expired in a violent attack of persistent tetanization of the whole muscular system.

Morphine and chloroform were employed to alleviate the spasms.

The examination after death showed that the splinter had broken through the left lachrymal bone, then passed through the nasal cavity in close proximity of the cribriform plate, perforating in its course the perpendicular plate of the ethmoidal bone; and finally, it traversed the right ethmoidal cells, pierced the inner wall of the right orbit behind and under the anterior ethmoid foramen, and projected into the cellular tissue of the right orbit.

MORPHINE IN PUERPERAL ECLAMPSIA.—Dr. J. S. Cooley Lazeend, New York, claims good results from large doses of morphia in puerperal eclampsia.

CORRESPONDENCE.

NEW YORK LETTER—SMALL POX AND OTHER HOSPITALS.

NEW YORK, December 29, 1881

Your correspondent recently visited the small pox hospital on Blackwell's Island, now under the care of Dr. Frank W. Chapin, resident physician, and Dr. A. B. Mott, assistant. From the former gentleman it was learned that during the last eleven months there have been treated at this institution twelve hundred cases, and these have been mainly of the hæmorrhagic variety. The mortality has consequently been quite high, twenty-nine per cent. The treatment consists chiefly of stimulants and nutrition. No remedies seem to have any effect on the progress of the disease, nor has any procedure been found of avail to prevent pitting. The majority of the cases treated during the present year have presented corneal complications; renal and pulmonary complications are rare, though at times they have been observed. The period of incubation has been determined in some cases with great exactness. In one case a little boy attacked by small pox, slept with his mother, who gave birth to a child, and this child was attacked by small pox ten days after birth. In another case a variolous mother bore a child which two days after birth had the characteristic eruption of small pox, showing that it had been attacked by the disease in utero. Pregnant women attacked by small pox do not abort as frequently as has been claimed, neither is the disease as fatal as might be expected. Of six pregnant women admitted to the hospital, three aborted and one died. In one case a woman was attacked by hæmorrhagic small pox in the seventh month of pregnancy and recovered without aborting. Ecthyma as mentioned by Du Castel in the last number of the Review, made its appearance in about one-twentieth of the cases, and its appearance was always accompanied by an increased fever and delirium, and a graver prognosis. The phenomenon called recurrent small pox has been met with in two cases. In one case a child had been discharged from the hospital recovered from discrete small pox, and in about a week was readmitted with small pox also discrete in character, but the eruption was more abundant. Another case was that of an adult who had apparently recovered from an attack of discrete small pox, and was about to be discharged, when

he complained of the premonitory symptoms of small pox; the eruption in a few days made its appearance, and was as before discrete though more abundant.

The hospital authorities require the destruction of all clothing even to the shoes; to the latter requirement they have been led by two somewhat unpleasant circumstances. In one instance a young man had been admitted with hæmorrhagic small pox, which was followed by phlegmonous erysipelas, followed in its turn by a crop of boils. In consequence of these successive complications was compelled to remain in the hospital ten weeks. On his departure his friends sent a complete outfit of new clothing with the exception of shoes. In consequence of this he was compelled to go out with a pair of slippers, which were worn by him in the hospital, but which were carefully fumigated. He went up in the country and brought small pox in the family with which he boarded, one or two dying. In consequence of this, suit has been brought against the Board of Health. In the second case an assistant physician of the hospital sent his shoes to be mended, and the shoemaker's family were attacked by small pox. While in both these cases the occurrence of small pox might have been and probably was a mere coincidence and not directly traceable to the apparent origin, still the Board resolved that all shoes should be destroyed in order to prevent future possibility of such occurrences.

Intense excitement was created near one of the police stations in Jersey City, on December 26, by two intoxicated men. A man was taken suddenly ill on Tuesday, and a physician pronounced it a case of measles. On Wednesday the patient was sent to St. Francis' Hospital. There his malady was found to be small-pox and the health authorities ordered his removal to the small-pox tent on Snake Hill, but the patient refused to go and was allowed instead to return to his home. Yesterday afternoon his little child contracted the disease, and while his wife was attending to it he dressed himself and went out into the street. He walked only as far as Grove Street, one block beyond his house, and threw up his hands and fell dead on the sidewalk. Two drunken men who were standing near by, imagining him to be drunk, picked him up in their arms and carried him as far as the police station. They were about to carry him inside, but Dr. Paul, who was among the two or three

hundred persons that had gathered around the men, said the man was dead, and that he had had the small-pox. The two drunken men laid the corpse down on the sidewalk, and with the others who had followed them for two blocks hurried away from the place. The sergeant on duty at the police station threw a blanket over the body, and after, stationing a policeman at both ends of the block, had the block fumigated. Half an hour later the body was buried in Potter's Field. The case not only illustrates the dangers possible from traveling small-pox cases but the great carelessness of the Jersey City officials. Near Jersey City many of the European steamers land, and it is no doubt the focus of origin of much of the small-pox in the United States.

THE HOSPITALS.

At the Mount Sinai Hospital, Dr. Wyeth recently tied the right common carotid artery in osteo-sarcoma of the upper jaw, in order to diminish the pain. The operation was in this respect a great success. Dr. Bull has had very good results in the erysipelas pavilion of Bellevue Hospital, by painting the face, in cases of facial erysipelas, with compound tincture of benzoin. The parts affected are painted with this tincture once or twice a day. Sheet lint dipped in hot lead and opium wash is at the same time applied to the face. In lieu of poultices in case of erysipelas of the extremities, oakum saturated with hot lead and opium wash and covered with oiled silk, is used. The means used at the same hospital to prevent return of the chill in malaria are as follows: one-sixth of a grain of pilocarpine is injected hypodermically, or five drops of amyl nitrite are given by inhalation every twenty to thirty minutes, or half an ounce of whisky and chloroform is given. The use of twenty drop doses of turpentine every two hours has been found of marked value in the diarrhoea of typhoid. This remedy is of course old, and had been previously found of value by Stokes in Ireland.

STATE CHARITIES AID ASSOCIATION.

The New York State Charities Aid Association proposes to begin a course of free lectures to the dwellers in tenements, with special instructions to mothers, to the city missionaries, Bible readers, and district nurses, to firemen, engineers, railway employees, policemen, stevedores, and workmen in manufactories. There will also be

courses of lectures in connection with the same work, for which there will be a moderate admission fee, the sexes being instructed separately. The following topics are to be discussed in these lectures: A general outline of the structure and functions of the human body, including a brief description of the bones, muscles, arteries and veins. The functions of the circulation, respiration, and of the nervous system. The triangular and roller bandages, their application. The general direction of the main arteries, indicating the points where the circulation may be arrested by digital pressure, or by the application of a tourniquet. The difference between arterial, venous, and capillary bleeding, and the various extemporary means of arresting it. The signs of fracture, and first aid to be rendered in such accidents. The application of splints or other restraining apparatus. First aid to those suffering collapse from injury, to those stunned, to the apopleptic, inebriated, epileptic, fainting, and to those bitten by rabid animals. The immediate treatment of the apparently drowned, or otherwise suffocated. Burns, scalds and symptoms of poisoning.

NEW YORK ACADEMY OF MEDICINE.

At one of its recent stated meetings Dr. Du Bois, of Grand Rapids, Michigan, exhibited a new instrument for transfusing blood from one vein directly to another. Dr. Louis Elsberg read a paper on "The Cell Doctrine and the Bioplason Doctrine." Introductory to the paper the author gave a resumé of his observations on hyaline cartilage, read at the last meeting of the American Laryngological Association, and published in the Archives of Laryngology, to the effect that hyaline cartilage had been considered one of the simplest of tissues, being made up of a dense basis-substance, in which were imbedded soft corpuscles or granular cells. The chief theories in explanation of the manner in which these corpuscles obtained nutrition had been imbibition and the existence of delicate channels in the basis-substance, through which nutrient fluid could pass and reach the granular bodies. Dr. Heitzman, of New York, claimed to have discovered that the hyaline cartilage was really made up of blocks of living matter, united by threads of living matter, that is, that hyaline cartilage is a network of living matter, into which lumps of living matter had been placed. The same line of

investigation had been extended to the various tissues, and the conclusion reached that the whole body consisted of lumps and threads of living matter connected in this manner. Dr. Elsberg discussed the cell theory as represented by Schwann, Virchow, and others, and showed that the word "cell," to designate the organic form element, had long been a misnomer, and claimed that since Dr. Heitzman's discoveries it was not only erroneous, but misleading. Hitherto the amoeba had been supposed to consist of a homogeneous, structureless lump of jelly-like living matter called protoplasm, containing granules, supposed to be foreign particles; but really it was a mass of living matter arranged into a network, the points at which the threads intersect each other being thickened and constituting the granules supposed to be foreign bodies, and in the meshes of this network was contained the "non-contractile matter." He regarded the word "protoplasm" as etymologically incorrect, and preferred the word "bioplason." The essential difference between the cell doctrine and the bioplason doctrine was that, according to the former, each tissue was made up of a number of unities; according to the latter it was composed of masses of living matter interconnected by threads of the same living substance. Dr. C. Heitzman said there were, however, practical questions closely connected with the doctrine, which, he thought, would form some sort of future medicine, as it would determine the constitutional viability of each individual. What Dr. Elsberg had described as a reticulum of living matter varied greatly in different individuals, and by the aid of the microscope it could be positively determined how much of living matter there was present in each single element of protoplasm formerly called a cell. The white blood-corpuscle was a constituent part of the body, and in it could be found all the features necessary to indicate the amount of living matter in the entire body; in other words, the actual constitution of the individual.

Dr. C. A. Leale read a paper on "Pyæmic Parotitis," in which he spoke of suppuration of the parenchyma of the parotid gland, in contradistinction to the idiopathic affection commonly called mumps. He believed that the primary step in the pyæmic parotitis was ulceration, or solution of continuity at some distant part of the

body. He had observed metastatic abscesses in the parotid gland only where ulceration had existed in some part of the body previously. Hence, cases had occurred in connection with typhoid fever, dysentery, suppurative osteomyelitis, diphtheritic ulcer of the posterior fauces, pelvic cellulitis with ulceration, peritonitis, etc., and were embolic in origin. Dr. Leale then reported several cases and presented two patients who had had suppurative parotitis, which he believed to be due to the causes mentioned. The first was a case in which the abscess broke through and pus discharged from the external auditory canal; it followed acute general peritonitis, and pelvic cellulitis with formation of abscess. Pus could be seen exuding into the external auditory canal, near the membrana tympani. The pelvic abscess opened spontaneously into the vagina. There was also post-pharyngeal abscess, which was opened. The discharge from the ear continued for more than a year. At one time there was complete blindness, complete deafness on the affected side, and nearly total loss of hearing upon the opposite side. The patient ultimately recovered, with hearing and vision completely restored.

The second was a case in which, with suppurative parotitis, there was discharge of pus from the external auditory canal on both sides, and there was also complete deafness for three weeks. Hearing in both ears was completely restored. The third was a case in which suppurative parotitis followed typhoid fever, with hemorrhage from the bowels. The abscess communicated with Steno's duct, discharged behind the ear, and nearly or quite all the gland sloughed away. In this case, as an interesting item in its clinical history, goitre developed, which ultimately disappeared under the use of iodine. The patient was exhibited to the academy.

Dr. Leale then referred to a number of cases which had fallen under his own observation, others which had been reported by different writers, and in which profuse suppuration had existed, without the occurrence of parotid abscess. From the observation of his own cases, he had been led to believe that suppuration of the parotid gland was best explained by the theory of sepsis; micrococci poison was conveyed from a distant point to the parotid gland, and there developed an abscess or abscesses. He had not seen such metastatic abscesses occur, even with profuse

suppuration, provided the pyogenic membrane remained unbroken; neither had it occurred under his observation with the abundant suppuration of empyema. Nor did hospital gangrene seem to be a cause of these abscesses. Dr. Leale referred to cases of osteomyelitis which he had reported in the "Surgical History of the War." He also referred to the difficulty of removing the parotid gland, and mentioned cases in which the operation had been done partially or completely by Drs. A. C. Post and William T. White.

The President referred to cases of suppurative parotitis which he had seen in puerperal women. In 1874 he saw a young married woman who had a miscarriage; subsequently pelvic cellulitis; afterward distinct symptoms of pyæmia, followed by abscess of the parotid gland and death by exhaustion. In Bellevue Hospital he had seen two cases in which the patients died from exhaustion produced by suppurative parotitis of pyæmic origin. Last winter he saw a patient who had a miscarriage; two weeks subsequently pelvic cellulitis, in which abscesses occurred, and two ounces and a half of pus were removed with the aspirator. One week afterward abscess of the parotid developed, which was opened; subsequently the parotid gland upon the other side suppurated. Two weeks after that, ulcerative endocarditis and pericarditis developed, and the patient died two days after the development of the cardiac complications. Two years ago he saw a case with Dr. Markoe, in which the patient had pyæmia, following the running of a toothpick under the finger nail. Suppurative parotitis occurred; the pus was deep seated, the abscess was opened, it discharged freely, and the following morning the patient died of œdema glottidis. These cases illustrated the fact that the occurrence of suppurative parotitis with pyæmia was not so very rare.

Dr. A. C. Post and Dr. William T. White stated that in their cases it was not known positively that all of the parotid gland was removed. Dr. Joel Foster referred to a case in which the parotid gland was completely removed by Dr. McClellan, of Philadelphia.

Dr. H. D. Noyes had been interested in the report of Dr. Leale's cases, in which the discharge found its way into the external auditory canal, and also where both vision and hearing were implicated. He thought the discharge into the external auditory

canal could find its explanation in the fact that the cartilages of that canal were embryonically developed in parts, and probably a fissure or imperfect fusion remained. Probably these portions of cartilage were less developed in some persons than in others, and at the different points where there was the least resistance, the pus might find its way through and make its exit in the direction of the external auditory canal. He thought it very remarkable in Dr. Leale's case in which there was deafness in both ears and total blindness, that there should not have been any serious brain-symptoms. The case was probably one of very circumscribed inflammatory action at the base of the skull, which must have affected the sheaths of the optic nerves, and doubtless gave rise to choked optic disc. Ophthalmoscopic examination would have been exceedingly interesting, and probably would have revealed that condition of the respective papillæ. The entire recovery of vision favored the hypothesis that there was nothing more than œdematous effusion. Dr. Noyes then referred to a case in which inflammatory action affecting the semicircular canals followed idiopathic parotitis. The patient recovered, with total and permanent loss of hearing upon one side, and there had been no symptoms of acute inflammation of that ear. There was the characteristic staggering gait, which was never fully recovered from. The complication was sufficiently common to make the case worthy of special mention.

At the last meeting of the New York Academy of Medicine an amendment to the law in regard to the night medical service in this city was suggested. The amendment is to the effect that in cases of sudden illness or injury occurring in the night time at a distance of more than two blocks from a police station, any person may call upon the nearest physician duly registered, without first being obliged to apply at the police station; and in case the physician should fail to get compensation for his attendance from the sick or injured person, he may within twenty-four hours file an affidavit with the Captain of the precinct where such attendance was given, stating the name or description of the person attended, the nature of the disease or accident, the time and place of attendance, and the fact that he received no compensation, and thereupon he shall be entitled to a fee of \$3. Dr. Tauszky argued that the present law is useless, and that is his

amendment would make it effective. It simply provides for a night medical service similar to that of Paris, Berlin, and other cities of Europe. The matter was referred to the council, with instructions to report at an early day. This question will also come before the County Medical Society at its next meeting.

MEDICO-LEGAL SOCIETY.

Johnson, of Brooklyn, read a paper before the Medico-Legal Society, December 7, entitled "Anæsthetics Medico-Legally Considered." The conclusions of the paper were as follows: Charges of assault made by females under the influence of anæsthesia should be received as the testimony of an insane person is. Death from administration of chloroform after a felonious assault, unless the wound was an inevitably fatal one, reduces the crime of the prisoner from murder to felonious assault. The surgeon has no right to use chloroform to detect crime, against the will of the criminal. The army surgeon has the right to use chloroform upon malingerers. The medical expert, notwithstanding he is sent by order of court, has no right to administer the anæsthetic against the wish of the plaintiff in a personal damage suit to detect fraud. Chloroform cannot be administered to a person who is asleep without waking him, except by an expert.

The last meeting of this Society was remarkable for the great interest taken in the election by members whose appearance at past reunions was so rare an occurrence, that the tellers appointed by the chair to register and receive the votes, were in no slight quandary as to the identity of the voters. While this large attendance was undoubtedly to be attributed in great part to the active electioneering carried on for many weeks by the Presidential candidates and their adherents, it may naturally be considered in no insignificant degree due to an awakening interest in the affairs of the Society, and a desire on the part of the members to do away with the stagnant condition into which the proceedings were gradually settling. It is a cheering sign that the independent candidate for the presidency received an equal number of votes with the "official" one, and that notwithstanding the many objections which could be advanced against the candidate's diplomacy, he was able to break the "Life Insurance phalanx," it is to be hoped forever, and in the interests of the Society.

There is not the slightest doubt that another year like the past one would have found the Society moribund. There can exist in the mind of any one, any idea but that the Society has been gradually but surely deteriorating since the last term of office of Mr. Clark Bell. The meetings have been losing in attendance, the papers have become progressively poorer, and the finances more than once threatened to be negative conceptions in the minds of successive treasurers.

It is true that the reaction which occurred at one period of the Society's history, and which did away with the four-term principle, was a healthy one. It may even be admitted that the triumph of that principle would have eventually led the Society to as critical a state as it reached under its antagonists. But these reflections do not dispose of the fact that the reaction was utilized by men, who blind to the true interests of the Society, unable to grasp its scientific objects, saw no other function in the Executive Committee, save the obligation of keeping up an agitation against a defeated aspirant for office. And to one familiar with the history of the Society, the sinister choice presented itself of voting for the candidate of a corporation interest, or for a gentleman who has certainly built up the Society, made it widely and favorably known, and who, if he can be justly charged with an excessive amount of personal ambition, has in that ambition identified himself with the society.

Those before whom a few technical errors of the independant candidate were paraded as inducements to support the solicitor of a Life Insurance Company, evidently did not forget the gross infractions on executive courtesy that had been committed in the interest of an employee of that company by its other employees occupying posts of trusts and honor in the Society. The new administration will find its work made easier by the impulse which this election has given. It finds, thanks to the energetic efforts of the last President, a flourishing treasury, it counts among its members many of our keenest lawyers, and most scientific physicians, and with the anticipated withdrawal of the barnacles that have impeded progress thus far, will no doubt make an excellent record as a scientific body. A Medico-Legal Society has, in America at least, a great field of reformatory labor to perform, and can well afford to suppress the attempts sporadically made

of converting its floor into an arena of corporation politics, or to metamorphose the Society into a species of admiration clique of the Executive Committee.

MEDICAL ÆSTHETICS.

The following from the Medical Record is being much passed from hand to hand in New York. It purports to be from the opera of "Patience."

A New York medical man,
A very much advertised man,
A pills-in-variety, talk in society,
Each for himself young man.

A Philadelphia man,
An Index Medicus man,
A think-it-all-gammon, this talk of Buchanan,
Great-medical-centre young man.

A Boston medical man,
A hyper-historical man,
An ultra-persimmon toward medical women,
A Harvard-or-nothing young man.

A Chicago medical man,
A wide-awake, ethical man,
A good-as-the-rest-of-you, more-than-abreast-of-you,
Down-on-the-East young man.

J.

WASHINGTON LETTER—BAXTER— BLISS CONTROVERSY— GUITEAU TRIAL.

WASHINGTON, D. C., December 11, 1881.

I saw last night a letter to Dr. Baxter, of Washington, from Dr. Boynton, the homœopathic physician, who is a cousin of the late President. It said in effect: On the eighth of August, while in the President's bedchamber, in the presence of his wife, he said to me that he never at any time made a request that Dr. Bliss be his attending physician, that position having been occupied by Dr. Baxter for several years, and that he had no recollection during his present illness of having sent for Dr. Bliss, and did not know how he happened to be in the case. The letter is countersigned on the back October 24, or since the President's death, in the handwriting of Mrs. Garfield, saying: "I have read this letter, and it is true to my distinct recollection. "LUCRETIA GARFIELD."

As Dr. Bliss swore the other day that the President had called him into the case, he is met by this flat denial. The testimony of the experts thus far given in the Guiteau case is very uninteresting; only two have so far been cross-examined, and they chiefly on personal, not on scientific grounds. Dr. Spitzka who, it appears from state-

ments made by Mr. Scoville, refused to go as an expert for the Government for conscientious motives, was compelled by an attachment from the court to appear for the defense. The half sister of Guiteau, who is said to be perfectly healthy, has, it appears from the evidence, exophthalmic goitre. The following is the hypothetical case framed by the defence. It is, as may be seen, verbose and very pretentious, and based partially on the prisoner's evidence, which is a somewhat unexampled matter in medical expert evidence. "Assuming it to be a fact that there was a strong hereditary taint of insanity in the blood of the prisoner at the bar; also that at about the age of twenty-five years his own mind was so much deranged that he was a fit subject to be sent to an insane asylum; also that at different times after that date, during the next succeeding five years, he manifested such decided symptoms of insanity, without simulation, that many different persons conversing with him and observing his conduct believed him to be insane; also that in or about the month of June, 1881, at or about the expiration of said term of five years, he became animated by the idea that he was inspired by God to remove by death the President of the United States; also that he acted on what he believed to be such inspiration, and on what he believed to be in accordance with the Divine will in the preparation for and in the accomplishment of such a purpose; also that he committed the act of shooting the President under what he believed to be a Divine command which he was not at liberty to disobey, and which made out a conviction which controlled his conscience and overpowered his will as to that act so that he could not resist the mental pressure upon him; also that immediately after the shooting he appeared calm, and as if relieved by the performance of a great duty; also that there was no other adequate motive for the act than the conviction that he was executing the Divine will for the good of his country, state whether, in your opinion, the prisoner was sane or insane at the time of shooting President Garfield." There is one great evil attendant on medical practice in Washington; the practitioner is brought into competition with physicians employed in the departments, who give their services for very small fees, and thus greatly tend to demoralize the profession of this city. This is a great evil, difficult to remedy.

REVIEWS.

THE COMPEND OF ANATOMY; for use in the Dissecting Room and in Preparing for Examinations. By John B. Roberts, A. M., M. D. Second edition, revised. Philadelphia: C. C. Roberts and Company, 1118 Arch Street, 1881.

Dr. Roberts' Compend, like all compends of anatomy, is almost insusceptible of criticism, as it purports to be merely an abstract of the larger works on the subject. The popularity of this little volume is sufficiently evidenced by the necessity of the issue of a second edition six months after the appearance of the first edition. The anglicization of the Latin names of muscles, nerves, etc., a substitution to which the author in the preface calls attention, would seem, in his own words, to "so alter the appearance of the word that the student might fail to recognize the identity." An instance or two will illustrate this: "Orbicular of Eyelids;" "Pronator of Louis;" "Square Pronator," etc. The Compend is clear and concise, and will doubtless be of value for the uses and reasons set forth in the title.

LEHRBUCH DER PHYSIKALISCHEN UNTERSUCHUNGS METHODEN DER INNEREN KRANKHEITEN. Von Dr. H. Eichhorst Braunschweig F. Wreden. 1881.

PHYSICAL METHOD OF RESEARCH IN INTERNAL DISEASES. By Dr. H. Eichhorst Brunswick: F. Wreden. 1881.

This is a well arranged instructive work on the physical investigation of internal diseases, which gives evidence of a intimate acquaintance with all the methods and resources of modern practice as applied to internal diseases. This is only the first volume of the work, and treats of the investigation of the skin, temperature, pulse and respiration. The second volume will be devoted to the consideration of the physical examination of the circulation, congestion and the urino-genital apparatus. The first chapter considers very fully and exhaustively the examination of the skin, and gives a valuable analysis of the existing knowledge of cyanotic, bronze, icteric, grey and other colored skins. The second chapter takes up at length the questions of temperature. The chapter on sphygmography is very complete. The book thus far published is well illustrated, fairly com-

plete and likely to be of great value to those able to read German. It is to be hoped a translation into English of this work will soon appear. The book is not the finest specimen of typography.

THE OPIUM HABIT AND ALCOHOLISM. A Treatise on the Habits of Opium and its Compounds; Alcohol, Chloral Hydrate; Chloroform; Bromide Potassium; and Canuabis Indica. By Dr. Fred. Heman Hubbard. New York: A. S. Barnes & Co.; W. T. Keener, Chicago.

This remarkable title is a fair indication of a remarkable book. The present work is distinguished only by its appeals to popular ideas, by its lack of scientific data, by the olla podrida manner in which the author drags all sorts of diseases into relation with opiophagism chloral using, etc. There are lengthy exordiums on rheumatism, dyspepsia and other topics decidedly out of place in a work intended purely for the discussion of a special subject. The work contains nothing new, nor is new light thrown on any of the topics of which it treats. With the works of Kane and Calkins already in the field there is no excuse, not to speak of a reason for the present work, even were its English less ambiguous and its literary style much more concise than it is. The work is written not for the profession but for the public, the prescriptions even are intended for the latter, and are so written as to be easily comprehensible by the laity. There are no authorities cited by Dr. Hubbard, and the third person plural is very extensively used in a manner denoting an embryo writer. In the preface and in most of the work a good deal of sentimentism is indulged in. The book is such a good specimen from a bibliographical standpoint that one almost feels pained at the idea of such work being wasted on such a more than useless production as this one.

OAKUM IN ARTHRITIS.—Dr. Constantin Paul (*Bulletin Generale de Thérapeutique*, September 15, 1881,) has employed oakum with success, at Lariboisière. The affected articulation is completely enveloped to a thickness of one or two centimetres. Treated thus a case of arthritis deformans has been much relieved in some weeks. It has produced the best effects in bronchitis, in place of Burgundy pitch plaster.

BOOKS AND PAMPHLETS.

T. Holmes, M. A., London, England. A System of Surgery, Theoretical and Practical. In Treatises by various authors. First American from second English edition; thoroughly revised and much enlarged. By John H. Packard, A. M., M. D., Philadelphia, Pennsylvania, assisted by a large corps of the most eminent American surgeons. In three volumes, with many illustrations. Volume II. Diseases of Organs of Special Sense; Diseases of Circulatory System; Diseases of Digestive Tract; Diseases of Genito, Urinary Organs. Philadelphia: Henry C. Lea's Son and Company, 1881.

Dr. Fred. Heman Hubbard, 52 Monroe Street, Brooklyn, New York. The Opium Habit and Alcoholism. A Treatise on the Habits of Opium and its Compounds; Alcohol; Chloral-Hydrate; Chloroform; Bromide Potassium; and Cannabis Indica; including their Therapeutical Indications; with Suggestions for treating various painful Complications. New York: A. S. Barnes and Company.

Henry B. Baker, M. D., Secretary State Board of Health, Lansing, Michigan. Health in Michigan. Reports of Observers, by weeks, from October 1, 1881, to November 26, 1881.

Boardman Reed, M. D., Atlantic City, New Jersey. Atlantic City as a Winter Health Resort, embracing Official Reports, Meteorological Tables, etc., concerning the Climate of Atlantic City, New Jersey, the Testimony of Eminent Physicians as to its Effects on Various Forms of Disease, Hygienic Hints for Invalids at the Sea Shore, and Information about the Sanitary Condition of Atlantic City. Second edition.

John B. Roberts, M. D., Philadelphia, Pennsylvania. The Surgery of the Pericardium. Reprint from the *Annals of Anatomy and Surgery*, 1881.

L. Duncan Bulkley, A. M., M. D., East Thirty-Third Street, New York City. Eczema and its Management. A practical Treatise based on the Study of Two Thousand Five Hundred Cases of the Disease. New York: G. P. Putnam's Sons, 1881; Jansen, McClurg & Company, Chicago.

Walter Coles, M. D., 3004 Olive Street, St. Louis, Missouri. The Nurse and Mother. A Manual for the Guidance of Monthly Nurses and Mothers; comprising Instructions in regard to Pregnancy and Preparation for Child-Birth; with Minute Directions as to Care during Confinement, and for the Management and Feeding of Infants. St. Louis: J. H. Chambers and Company, 1881.

Edward T. Caswell, A. M., M. D., Providence, Rhode Island. Reform in Medical Education the Aim of the Academy. The Annual Address, delivered before the American Academy of Medicine at its Sixth Annual Meeting in New York, September 20, 1881, by the President of the Academy. Published by order of the Academy. Also, the Constitution and By-Laws of the American Academy of Medicine, as amended and adopted September 20, 1881.

J. Milner Fothergill, M. D., London, England. Indigestion and Billiousness. Library of Medical Classics, No. 4. New York: Bermingham and Company, 1260 Broadway, Oct. 15, 1881.

D. Bryson Delavan, M. D., 59 West 38th Street, New York City. Primary Epithelioma of Larynx below Vocal Cords, Unique Case, Bilateral Paralysis of Laryngeal Abductors, Death.

George E. Ranney, M. D., Lansing, Michigan. Transactions of the Michigan State Medical Society for the year 1881. No. 1, volume VIII., 1881.

Henry B. Baker, M. D., Lansing, Michigan. Contagious Diseases: Scarlet Fever, Diphtheria, Small-Pox, Typhus Fever, etc. General Rules for their Prevention and Restriction. Issued by the Michigan State Board of Health, December, 1881.

S. V. Clevenger, M. D., Chicago Medical Electricity. Opening Address before the Chicago Electrical Society, October 3, 1881. Reprinted from the Chicago Medical Journal and Examiner for November, 1881.

H. Wardner, M. D., Anna, Illinois. Care of the Insane. Reprint from the Alernist and Neurologist, St. Louis, January, 1882.

David and G. W. Steel, 6 Washington Street, Portland, Oregon. Resources of Oregon and Washington. Volume IV., No. 1, November, 1881.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from Dec. 13, 1881, to Dec. 28, 1881.

Alexander, R. H., Major and Surgeon. The leave of absence granted him in S. O. 215, Sept. 19, 1881, from A. G. O., is extended one month. S. O. 235, A. G. O., Dec. 17, 1881.

McClellan, Ely, Major and Surgeon. Relieved from duty at Fort McHenry, Md., to proceed to Fort Trumbull, Conn., and relieve Asst. Surgeon W. H. King. S. O. 224, Dept. of the East, Dec. 15, 1881.

King, W. H., Captain and Asst. Surgeon. When relieved by Surgeon McClellan to repair to Fort McHenry, Md., and report for duty at that post. S. O. 224, C. S., Dept. of the East.

Perley, H. O., Captain and Asst. Surgeon. Having reported in person at these Headquarters, will report to the commanding officer Fort Columbus, N. Y. H., for duty as assistant to the post surgeon and attending surgeon at these Headquarters. S. O. 224, C. S., Dept. of the East.

Davis, Wm. B., First Lieutenant and Asst. Surgeon. Granted leave of absence for four months. S. O. 269, A. G. O., Nov. 29, 1881.

Maddox, Thos. J. C., First Lieutenant and Asst. Surgeon. Having completed the duties assigned him under S. O. 248, Nov. 3, 1881, from A. G. O., will report in person to the Surgeon General, U. S. Army. S. O. 238, A. G. O., Dec. 15, 1881.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, U. S. Army, from November 29, 1881, to December 12, 1881.

Murray, Robert. Colonel and Surgeon, Medical Director Mil. Div. of the Missouri. The leave of absence granted him in S. O. 100, October 5, 1881, Mil. Div. of the Missouri, extended two months. S. O. 272, A. G. O., Dec. 2, 1881.

Summers, John E., Lieutenant Colonel and Surgeon, Medical Director of the Dept. Granted leave of absence for twenty-five days. S. O. 123, Dept. of the Platte, Dec. 1, 1881.

Lauderdale, J. V., Captain and Asst. Surgeon, McPherson Barracks, Georgia, before complying with par. 3, S. O. 124, C. S., Dept. of the South, granted leave of absence for one month, with permission to leave the Dept. S. O. 136, Dept. of the South, Dec. 8, 1881.

Hall, Wm. R., Captain and Asst. Surgeon. The leave of absence granted him in S. O. 224, Dept. of the Missouri, Nov. 2, 1881, is extended fifteen days. S. O. 120, Mil. Div. of the Missouri, Nov. 25, 1881.

Corbusier, Wm. H., Captain and Asst. Surgeon. Granted leave of absence for four months. S. O. 266, A. G. O., Nov. 25, 1881.

Perley, H. O., Captain and Asst. Surgeon. At the expiration of his present leave of absence to report in person to the commanding general Dept. of the East for assignment to duty. S. O. 274, A. G. O., Dec. 5, 1881.

Gorgas, W. C., First Lieutenant and Asst. Surgeon. Granted leave of absence for one month, with permission to apply for an extension of one month. S. O. 150, Dept. of Texas, Dec. 3, 1881.

Strong, N., First Lieutenant and Asst. Surgeon. Relieved from duty at Fort Douglas, U. T., and assigned to duty as Post Surgeon at Fort Cameron, Utah. S. O. 121, Dept. of the Platte, Nov. 26, 1881.

Taylor, A. W., First Lieutenant and Asst. Surgeon. Assigned to duty at Fort Supply, Ind. Ty. S. O. 246, Dept. of the Missouri, Nov. 29, 1881.

Carter, E. C., First Lieutenant and Asst. Surgeon. Assigned to duty at Angel Island, Cal. S. O. 203, Mil. Div. of the Pacific and Dept. of Calif., Nov. 22, 1881.

Raymond, Henry J., First Lieutenant and Asst. Surgeon. Assigned to duty at Alcatraz Island, Calif. S. O. 203, Mil. Div. of the Pacific and Dept. of California, Nov. 22, 1881.

Wright, J. P., Major and Surgeon. The leave of absence granted him in S. O. 229, November 8, 1881, Dept. of the Missouri, extended twenty days on Surgeon's certificate of disability. S. O. 123, Mil. Div. of the Missouri, Dec. 2, 1881.

Raymond, Henry J., First Lieutenant and Asst. Surgeon. Relieved, temporarily, from duty at Alcatraz Island, Cal., and to report to the commanding officer of the Presidio of San Francisco, for duty at that post. S. O. 214, Mil. Div. of the Pacific and Dept. of California, Dec. 9, 1881.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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DILETTANTEISM IN MEDICINE.—Everywhere in science have the dilettanti played an injurious part, but nowhere have this class of persons done so much injury as in the science of medicine. This is particularly the case in the United States. Here the professions secure a certain social status for their members, which readily induces the poor relations of wealthy families to enter them. No sooner has one of these relatives graduated in medicine than the social force of that family is at work to push him along as a physician. As a rule this scion of the family cares nothing for the scientific part of medicine. He does not study, nor does he do any scientific work. His whole aim is to shine in society, and to this everything is made subordinate. Despite this lack of scientific zeal, the dilettante medical man is placed in positions where he becomes, from the necessity of the case, a species of authority, and gives ex-cathedra utterances on various topics. The social influence exerted by his family makes him a professor in a medical college, a visiting physician to an hospital, or the author of a text-book. The latter is frequently a plagiarism, in which the "author" is sometimes detected, generally not. The lectures of the professor are generally memorized from some text-book, and are of course extremely valuable to the students. As there are so many

dilettante physicians to be provided for, new chairs must be created, and finally new colleges. This dilettante element is therefore even more dangerous to the cause of medical education than the purely money-making element of the medical graduating mills. The latter might be induced to listen to reason which appeals to them through the pocket; but the former is not to be convinced. Life insurance companies are also a stronghold of the dilettante. Here the president or vice president puts in one of his "talented" relatives of the medical profession, and thereby ensures the company a pliant tool. This class of medical men all work together, and the dilettante professor of gynæcology are supported by the dilettante obstetrician, whose errors in turn are upheld by the dilettante clinician, and so on. Thus the profession has inflicted on it worthless books and worthless lectures, and clinical opportunities remain unutilized. For this evil, searching examinations in medical colleges would furnish a sufficient remedy, but this will never be applied until the scientific, hard-working members of the profession shake off their present lethargic indifference to this great evil. It might have been anticipated that self-interest, if not a higher motive, would have long ere this led to some attempt at reform or remonstrance against such an evil system.

LUNATIC ASYLUM LITERATURE.—The following is a well authenticated instance of journalism in insane asylums. There has been in existence in England for many years a periodical called the *New Moon*, the contributors of which are patients in lunatic asylums. As a rule, the articles display marked ability, and no one would suppose that the writers were suffering from mental aberration. On one occasion the editor of the *New Moon* received complaints from several subscribers that the contents of the journal, although well enough in their way, were lacking in distinctive flavor, and did not betray their origin; so in the next number he gave free play to all contributors. There appeared astounding political revelations; a paper on evolution with woodcut illustrations of the shape of the human soul at different ages; the designs of a machine to facilitate bodily ascension into heaven in the manner of Elijah, and the first canto of an epic, which, when not utterly incoherent, was anticipatory of *Alice in Wonderland*. One number of this character was sufficient. The discontented subscribers expressed themselves satisfied, and begged that they might have no more of *Bedlam* broke loose in prose and verse. Similar periodicals have been published in the United States. There is one still in existence, the "*Meteor*," of Tuscaloosa, Alabama, and a periodical called the "*Opal*," was at one time published in the State of New York.

ICE IN DIPHTHERIA.—M. de Bleynie (*American Medical Weekly*, January 7, 1882,) affirms that the results he has obtained from this treatment during the past sixteen years permit him to affirm that "diphtheria treated with ice is constantly cured." The following mode of administration is recommended: First: Introduce into the patient's mouth a small fragment of ice every ten minutes, without any interruption, whether the child is awake or sleeping. Young sleeping children absorb the ice without awakening. The fragmen

of ice should be swallowed when it is almost melted. Second: Do not cease giving ice until the false membranes have entirely disappeared; this happens from the second to the eighth day. Third: Keep good watch over the throat, and if the membranes reappear, recommence the treatment, and in fact for some days it will be better to continue giving ice every half hour, lengthening the intervals each day. Fourth: From the beginning give wine and good nourishing food. M. de Bleynie's claims are no doubt greatly exaggerated, still, the old idea of using ice in diphtheria is likely to be attended by good results.

UTERINE ANTEFLEXION AND DYSMENORRHOEA.—Dr. Herman (*Medical Record*, December 24, 1881,) comes to the following conclusion on this subject: First: There is no anatomical evidence that anteflexion causes any hindrance to the escape of menstrual fluid. Second: There is reason to think that anteflexion is present in nearly half of all women who have not borne children. Third: Therefore it is to be expected that anteflexion and dysmenorrhœa would frequently coincide. Fourth: Dysmenorrhœa is, practically, as common when the uterus is straight as when it is anteflexed. Fifth: Painless menstruation is, practically, as common when the uterus is anteflexed as when it is not. Sixth: When dysmenorrhœa and flexion go together, the severity of the pain bears no relation to the degree of the bending. Seventh: Dysmenorrhœa, associated with anteflexion, is frequently cured without straightening the uterus. Eighth: There is no evidence that straightening the uterus invariably, or even frequently, removes dysmenorrhœa which is associated with anteflexion, and in which other methods of cure have been ineffectual. Ninth: These facts show that the relation between anteflexion and dysmenorrhœa is not one of cause and effect, but of coincidence. It cannot logically be claimed that the absolute statement made in the ninth conclusion follows from the others.

CURIOUS MALFORMATION.—Dr. S. Kovreg, Szamosugyvar, Hungary (British Medical Journal, December 17, 1881), reports the case of a still-born child, which had, commencing at a point corresponding to the center of the normal forehead, two completely developed faces, four eyes, two mouths and two noses. Posteriorly, there was an ear on each side, and at the point of fusion of the faces anteriorly, a third, ear not entirely developed, existed.

MALARIA.—On an average two ounces and a half of quinine are daily sold in the little village of Schaghticoke, near Albany, New York. Yet a year ago the place was regarded as one of the most healthy in the State. It is charmingly situated in the hills of the Upper Hudson Valley. Malaria appeared soon after a railway embankment was constructed, which checked the course of several small streams and caused the formation of stagnant pools. This is one of the numerous instances which show that malaria comes from choked up water courses. It might be well to enquire whether similar causes are not at work to produce the recent reappearance of malaria in certain portions of New England.

OVARIOTOMY DURING PREGNANCY.—What shall be done with a simple ovarian cyst, or a compound ovarian tumor, solid and fluid, coexisting with pregnancy, is discussed by Dr. Wilson (Medical Record, December 24, 1881) in a paper reprinted from the fifth volume of the "Gynæcological Transactions," 1881. In the case of entirely cystic ovarian tumors, and of compound tumors whose adhesions are not extensive and firm, and where the fluid largely predominates, he advises removal in preference to tapping. In tumors, either solid, semi-solid, or both, and so large as to impede the growth of the uterus, he prefers ovariectomy to the induction of premature labor. The important element in prognosis in cases of ovarian tumor coexistent with pregnancy is the

extent of adhesions to adjacent parts, not whether the tumor is solid or fluid. Dr. Wilson holds that where pregnancy supervenes on an ovarian tumor so large as to endanger the life of the mother before she can reach term, it is better to perform ovariectomy within the first three or four months after conception, than to tap or use other temporizing means in the effort to bring her to term. Each tapping, he claims, is followed by new and stronger adhesions to neighboring organs, and each adhesion adds to the dangers of a subsequent ovariectomy. Ovariectomy during pregnancy has given excellent results for both mother and child (deaths, five women and nine children; saved, twenty-four women and twenty children). Dr. Wilson believes that with modern operative improvements, deaths of mothers might have been reduced to three. Statistics show that ovariectomy in pregnant women, previous to the sixth month, is more successful for the mother, and vastly more successful for the child, than the same operation at a later period of pregnancy.

SMALL-POX IN LONDON.—During the year 1881, one thousand five hundred and thirty-two persons died in London of the small-pox. Of these, three hundred and twenty-five had been vaccinated, and six hundred and thirty-seven neglected that precaution. Whether the remaining five hundred and seventy had been vaccinated is reported to be doubtful. Of the population of London, three million, six hundred and twenty thousand are vaccinated, and one hundred and ninety thousand are not.

ADDISON'S DISEASE WITHOUT BRONZED SKIN.—Dr. Bedford Jenwick (British Medical Journal, December 24, 1881,) reports a case in which the diagnosis of Addison's disease was made from the general symptoms; no bronzing of the skin existing. On the autopsy the characteristic changes of the supra-renal capsules were found.

REMOVAL OF UTERINE POLYPI.—During a recent discussion at the Paris Academy of Medicine (Medical News, January 7, 1882), the procedures adopted by surgeons for the removal of uterine polypi were brought out. Léon Labbé uses the galvano-cautery; Verneuil, the wire écraseur; Gosselin, scissors; Trélat contends that each plan has its excellences, its usefulness depending on circumstances. The latter opinion will probably strike the majority of practitioners as the best founded one.

PERMANGANATE OF POTASH IN SNAKE-BITES.—Between twenty and thirty thousand people die from snake-bite every year in India. Dr. Vincent Richards, who has been experimenting on the efficacy of permanganate of potash as an antidote for cobra poisoning, claims (Indian Medical Gazette) that he has obtained some very remarkable results. When permanganate of potash was mixed with a fatal dose of cobra poison and hypodermically injected, no fatal result followed. He adds, however, that before any definite conclusion can be arrived at, many experiments will have to be performed, not only with cobra, but also with viper poison.

HYSTERICAL ANALGESIA IN CHILDREN.—

Dr. Thomas Barlow (British Medical Journal, December 3, 1881) reports eight cases of what he calls hysterical analgesia in children. The patients were seven girls and one boy. Dr. Barlow believes that the tendency to feign diseases is rare among children, an opinion with which few pædiatrists will concur. The cases are very impure, nearly all of them having epileptiform symptoms. Dr. Barlow was struck by the fact that in one case there was no sign of dementia or paralysis, such as is almost inevitable in true epilepsy. As the patient was only nine years and a half old, it was a little too soon to lay great stress on the non-existence of paralysis or dementia as an essential element to determine the differential diagnosis.

INJURIES TO ARTERIES.—Dr. Satterthwaite (Medical Record, December 3, 1881), calls attention to the following facts in connection with wounds of arteries: First: That the carbolized gut is not always absorbed, and, indeed, may actually retard the union of a wound. Second: That it is not always easy, even under exceptionally favorable circumstances, to find the site of injury in a vessel that has been opened into. In one particular instance, when the locality of the injury was definitely known within a tolerably limited area, full an hour was consumed before the wound could be found, and then attention was only drawn to it by holding in view the consideration already alluded to. Obviously then, in penetrating gunshot wounds of large calibre, where hæmorrhage has occurred, the difficulty of finding the precise site of injury to a vessel would be still greater.

DIGITALIS AND QUININE AS ANTIPYRETICS.—The association of digitalis and quinine may be indicated under a great variety of circumstances, and it gives very good results as an antipyretic in phthisis with circulatory erethism, in certain cases of rheumatism, and in typhoid fever. Dr. Huchard (Journal de Médecine et de Chirurgie, December, 1881) claims very good results in such conditions from the following combination of quinine and digitalis: Quinine sulphate, ten parts; powdered extract of digitalis, one part. The dose should be varied according to the circumstances of particular cases.

SULPHUROUS ACID IN DIPHTHERIA.—Dr. H. P. Yeomans, Mount Forest, Ontario, (Canada Lancet, December 1, 1881,) claims that he has had very good results from the use of sulphurous acid in the treatment of diphtheria. He uses a mixture of equal parts of sulphurous acid and glycerine, of which he gives ten to twenty drops every hour. The volatility of the acid enables it to penetrate the nasal passages readily.

BUCCAL HÆMORRHAGE IN SCARLATINA.—Dr. Charles H. Cottle, Nottingham, England (*British Medical Journal*, December 3, 1881), reports a case of death apparently from buccal hæmorrhage coming on during an attack of scarlatina. There were no glandular swellings. Death was, as Dr. Cottle suggests, probably due to ulceration of the throat, and it suggests caution in the usual practice of swabbing the throat with strong styptics and antiseptics in case of scarlatina angina.

HEROISM OF A PHYSICIAN.—Queen Victoria has signified her intention of conferring the Victoria cross upon Dr. E. B. Hartley, who displayed conspicuous gallantry in attending the wounded under fire in Basutoland, South Africa. One of his acts is well worth recording: During the attack on Moirosi's Mountain, he, under a heavy fire, carried in his arms from an exposed position a wounded corporal. While removing him to a place of safety the corporal was again wounded, though the surgeon remained unharmed. The surgeon then returned under a severe fire to dress the wounds of other men of the storming party, and remained until the work was completed, though the fire at the latter part of the time had become furious.

SYPHILIS FROM SKIN GRAFTING.—Dr. Féréol (*British Medical Journal*, December 17, 1881) reported the following interesting case at a late meeting of the *Société Médicale des Hôpitaux*, of Paris. A man was attacked by gangrenous erysipelas of the upper third of the left thigh, from which resulted a large, obstinate ulcerating surface. Forty-five grafts, taken from five different persons, were applied to the ulcer, of which thirty-three adhered. Eleven days after this, twenty-eight grafts, taken from the buccal mucous membrane of a rabbit, were applied, but all failed. Six days subsequent to this latter grafting, forty grafts, supplied by seven persons, were placed on the internal portion of the

ulcerated surface. Thirty of these were successful, and cicatrization was rapidly proceeding, when, in the course of two weeks, a greyish ulcer, followed by several similar ulcers, involved the site of the first grafting. Ten weeks after the first series of grafts had been applied, a copious roseolar rash appeared, and was soon followed by crusts on the hairy scalp and mucous patches in the mouth. The son of the patient, who had furnished some of the first series of grafts, consulted the physician for mucous patches around the anus. This son had had a chancre, eighteen months previously to furnishing the grafts, which had not been treated. This case strongly illustrates a possible danger to be guarded against in skin grafting.

DOUBLE FEMORAL ARTERY.—Dr. Howard A. Kelly (*Medical News*, January 7, 1882,) has observed three cases of double femoral artery, in which the femoral divided into two trunks below the origin of the profunda to reunite above the Hunterian canal. One case like that of Mr. Bell (*Anderson's Quarterly Journal*, 1826,) was the subject of ligation, and to this peculiarity the man owed his loss of life. Another case was in the leg of a white man, dissected by Dr. Griffith, at the University of Pennsylvania. The third occurred in the leg of a white woman, in the Jefferson College dissecting-rooms.

ANURIA OF SEVENTEEN DAYS STANDING.—Dr. Charles A. Bryce (*Southern Clinic*, December, 1881,) reports a case of anuria which, according to the patient, was of seventeen days' duration. A pint, and no more, of strongly ammoniacal urine was drawn off by catheter. Dr. Bryce believes his patient's story. This patient, however was a negro, and negroes, like hysterical women, have a great tendency to exaggerate the importance of any disease by which they may be attacked, so it must be obvious that there are a great many elements of error in the present case.

COLD IN TYPHOID FEVER.—Dr. Austin Flint (Medical News, January 7, 1882,) comes to the following conclusions respecting the use of cold in typhoid fever: First: That by the use of cold water externally in typhoid fever, the temperature may, after a variable time of employment, be reduced to 102° or lower. Second: After a period varying very much in different cases, and at different times in the same case, the temperature, as a rule, again rises as high or higher than before the reduction. Third: Repeating the employment of cold as often as the axillary temperature exceeds 103° , the number of repetitions required in different cases is extremely variable. Fourth: The sponge bath and the wet sheet with sprinkling may be employed to the exclusion of the bath-tub in the antipyretic treatment of cases of typhoid fever as well as of other febrile diseases. Fifth: These modes of employing cold water may be continued sufficiently long for the reduction of temperature to 102° or lower, and repeated as often as may be required, without risk of any immediate injury, and there are no grounds for supposing that the liability to complications or accidents is thereby increased. Sixth: Reduction of temperature by these methods as often as it rises, in the axilla, above 103° , improves the condition of the patient. While there is nothing that can be called entirely original in these conclusions, there is much that corroborates the results of other observers, notably Liebermeister.

SALICYLIC ACID IN ACUTE RHEUMATISM is discussed by Dr. L. Shafter, Exeter, England, and Dr. W. Strange, Worcester, England, (British Medical Journal, December 24, 1881). The former claims that salicylic acid in rheumatism acts only as an antipyretic, and can in no sense be called a specific. The latter gentleman claims that salicylic acid is a specific for rheumatism in the sense that it is an antidote to rheumatic poison. He has treated sixty cases of acute articular rheumatism by

salicylic acid, always with good results, and has never had any unpleasant consequences from the acid. Others have, however, not been as fortunate, as witness the numerous reported cases of delirium following the use of salicylic acid in the fever of acute rheumatism.

COMPLICATIONS OF VARIOLA.—Dr. Leudet (Archives Générales de Médecine, June, 1881,) comes to the following conclusions respecting convalescence from variola, which in the light of the present epidemic seem worthy of considerations. First: Variola may present during convalescence the complications observable in other analogous diseases, typhoid, measles, scarlatina, etc. Second: These complications are usually dropsy, with or without albuminuria, neurones, forgetfulness of speech, peripheral neuritis, parotitis, gangrene of the mouth, etc. Third: These diseases are found most frequently during epidemics, the general nature of which is adynamic.

TAPPING THE BLADDER through the hypertrophied prostate is discussed by Reginald Harrison, F. R. C. S. (British Medical Journal, December 24, 1881). He claims that aspiration of the bladder is preferable to the use of the catheter in case of distended bladder, false passages and an enlarged prostate, but that it can serve only as a temporary expedient. Tapping the bladder above the pubes for the purpose of establishing a more or less permanent drain, he says is very much like opening an abscess at its least dependent spot. Tapping through the rectum is an obstacle to defæcation. Tapping the membranous urethra is objectionable as having the hypertrophied prostate behind the opening. The prostate gland he claims is a favorable point for the operation. He has performed this operation in one case with good results. The patient was a man of eighty-four. The great advantage claimed for this operation is the fact that it accomplishes its object without endangering any peritoneal vessel of importance.

STRAFFORD COUNTY New Hampshire Medical Society recently elected the following officers: Dr. S. C. Whittier, Portsmouth, President; Dr. C. A. Fairbanks, Dover, Secretary; Dr. C. A. Tufts, Dover, Treasurer; Dr. J. R. Ham, Dover, Dr. E. Q. Adams, Ritters Point, and Dr. J. W. Parsons, Portsmouth, Council. Dr. J. O. Robins, Salmon Falls, and Dr. J. G. Hays, Dover, were elected Orators.

THE FOX RIVER VALLEY Medical Association held its annual election, January 4, 1882, at Geneva. Dr. Teft, of Elgin, was chosen President; Dr. Blackman, of Geneva, Vice-President, and Dr. Cooper, of Batavia, Secretary and Treasurer. Drs. Cleveland, of Dundee; Slater, of Aurora; Teft, of Elgin; Blackman, of Geneva, and Jencks, of Plano, were elected Delegates to the State Medical Association, and Drs. Blackman, Cooper, Cleveland, Burlingame, of Elgin, and Grote, of Aurora, Delegates to the American Medical Association.

AMMONIA IN PULMONARY DISEASES.—At the Belgian Academy of Medicine, (Medical Record, April 30, 1881), M. Melsen discussed the therapeutic applications of ammonia, or its compounds, and requested that a committee be appointed to examine into the value of his conclusions relative to this question. M. Melsen's communication discussed the applicability of ammonia and its compounds to diseases of the respiratory organs. He concluded that as phthisical patients were benefited by inhaling the vapors of carbonate of ammonia emanating from stables, the continuous moderate inhalation of the salt would be efficacious in other pulmonary affections, and made the experiment upon himself during an attack of bronchitis, by wearing a bag attached to his shirt containing ammoniac carbonate. Having been cured, in a few days, by this treatment, he subsequently employed it in his practice, with good results. He has used it also by means of the spray, with equal success.

ETIOLOGY OF PROGRESSIVE PARESIS.—Dr. Grieve, Berbice, British Guiana (British Medical Journal, December 17, 1881), cites certain facts from his asylum in that place, which strongly support the view held by Austin, Crichton Browne, Spitzka and Kiernan, that mental strain plays an important part in the production of this psychosis. Of the seven hundred lunatics under his charge, but one, a European, was a victim of progressive paresis. The asylum population is four-fifths Creoles and East Indians, one and one-half per cent. Europeans, and the remainder negroes and Chinese. All the causes ordinarily charged with producing progressive paresis are present in great abundance in British Guiana, with one exception, mental strain. Dr. Grieve therefore draws the very sound conclusion that mental strain plays a very important part in the production of progressive paresis. This disease is the one in which the most marked physical symptoms appear, of any of the psychoses, and that it can be produced by mental strain is a striking proof of the intimate relation of the psychological and physical system.

MEDICAL NEWS, the new weekly periodical of H. C. Lea's Son & Co., presents an excellent appearance. The editor's name is not given, but if the succeeding numbers be as good as the first he is certainly well fitted for his place. The journal is a good specimen of typography.

DOUBLE EMPYEMA.—Dr. A. H. Boys (British Medical Journal, December 17, 1881,) reports a case of double empyema occurring in a man of fifty-nine. The patient recovered. Cases of this kind are exceedingly exceptional.

THE Rocky Mountain Medical Times is the latest monthly candidate for professional favor; it is edited by Drs. T. H. Hawkins and T. H. Desney, of Denver, Colorado, and presents a good appearance

RECURRENT MEASLES.—Dr. J. J. Byrne, Preston, England (*British Medical Journal*, December 24, 1881), reports a case of recurrent measles in less than a month after the first. Similar cases have been reported in the Review in connection with scarlatina and small-pox, and the nature and causes of this phenomenon would seem to be well worthy of further study.

HICCUGH.—Dr. A. W. Foot (*British Medical Journal*, December 17, 1881) reports a case of hiccough which continued, except during slumber, for twenty weeks. The patient had had two similar attacks. Among other means of treatment, the skin, over the epigastrium, along the course of the phrenic nerves, and over the upper cervical vertebræ was frozen, with slight temporary improvement. The patient recovered under the use of iodoform, extract of cannabis Indica and extract of conium. The rate of hiccough varied between eight and forty-two per minute, and averaged about fourteen per minute.

SPONGE GRAFTING.—Dr. Thomas Sanctuary Hayle, Cornwall, England, (*British Medical Journal*, December 24, 1881,) reports two cases where this procedure was attended by good success. In the first case the side of finger had been shaved off by a plane; in the second there was loss of substance of a penis subsequent to an operation. In each case fine Turkey sponge was applied to a healthy granulated surface, followed by firm adhesion in four days; gentle traction then causing much pain, and the sponge could not be detached without lacerating the tissues. In three weeks a thin blue surface of new tissue covered the edges of the sponge. In both cases the sponge was permeated by blood-vessels by the fourth day. The object of grafting was, in the first case, to restore shape to the finger, and the second to prevent the awkward results of cicatricial contraction in the penis.

NEW SYMPTOM OF HEPATIC DISTURBANCE.—Drs. Lepine and Guerin (*Revue de Médecine*, November 10, 1881) draw the following conclusions respecting a new symptom of hepatic disturbance: First: It is possible, either by establishing a biliary fistula in the peritoneal cavity, or by keeping the biliary passages for several hours under pressure, to produce, in an animal, the passage into the urine of a large quantity of incompletely oxidized sulphur, additional proof of its biliary origin being found in the slightly oxidizable properties of taurine and its derivatives. Second: In man, particularly when the excretion of bile is obstructed, the same anomaly exists in the urine, though in a less degree. In general, it is transient, in a few days the opposite extreme may occur, or the normal condition be regained. In every case, the essential characteristic of this condition is not the increase alone of incompletely oxidized sulphur, but the increase in the proportion of sulphur, which is oxidized with great difficulty.

ABSCESS OF CEREBELLUM.—Dr. McM. Jones (*British Medical Journal*, December 24, 1881,) reports a case in which death resulted from cerebellar disease. There had been an old aural discharge which had stopped. There were convulsive movements of the facial muscles on the right side and also the right arm and leg. A large abscess of the left lateral lobe of the cerebellum was found at death. The abscess also involved the medulla. The case is obviously a very impure one.

LOCOMOTOR ATAXIA FROM SMALL-POX.—Dr. C. G. Henderson, London, England, (*British Medical Journal*, December 24, 1881,) reports a case in which locomotor ataxia was apparently consequent on small-pox. The symptoms given would apply as well to acute myelitis as to locomotor ataxia, and the patient's gradual improvement would seem to point to this diagnosis.

HÆMATOMA AURIS.—Dr. J. C. Hallock, of the Bloomingdale Asylum for the Insane, New York, claims very good results from the application of blisters behind the ear in hæmatoma auris of the insane. It checks the deformity in all cases, and in many cases the resulting ear presents a very good appearance.

ASCLEPIAS IN DROPSY.—Dr. C. Spurway (British Medical Journal, December 17, 1881,) claims that asclepias is of great value in the treatment of dropsy of cardiac origin. The preparation used was the homœopathic mother tincture. The doctor also used other means to diminish dropsy, which somewhat seriously impairs the value of his results. *Asclepias Syriaca*, milkweed, is not used by the homœopathists in the treatment of cardiac dropsy.

SUCCESSFUL PORRO OPERATION.—The seventh Porro operation at the Santa Caterina Hospital of Milan (Medical News, January 7, 1881), and the fifth success in order, has recently been performed by Dr. Paolo Negri, Second Assistant of the Royal School of Obstetrics. The case was one of malacosteon, with badly deformed pelvis; and the operation was performed on October 9, after the usual method and with all necessary precautions. The wound healed kindly and two weeks later the recovery of the woman was regarded certain. This gives Italy thirty-four Porro operations and thirteen recoveries. The seven cases in Santa Caterina Hospital resulted as follows: In the first case the pelvis was deformed by rickets; the woman, died but the child lived. The second was of like nature, and had the same result. The third case was one of malacosteon; the woman recovered, and the child was born alive. The fourth case was one of rickets, the result being the same, as also was the result in the fifth and sixth cases, both being rachitis. The same result was obtained in the seventh case, which was found to be one of malacosteon.

POISONING WITH POTASSIUM CHLORATE. Doctors Brouardel and Shote (Journal de Médecine de Paris, October 1, 1881) conclude concerning this: First: That numerous examples leave no doubt as to the fact that large doses of chlorate of potassium (35–40 grammes for an adult, eight or ten times less for a child of two or three years) can produce death. Second: The intervals during which the successive doses are administered exert a great influence on the development and gravity of the toxic effects. If the doses are separated by long intervals, rapidity of elimination diminishes the danger. When, however, the doses rapidly succeed one another, the gravity of the toxic effects is found to be much greater.

DURATION OF SENSATION AFTER DEATH.—Dr. Charles Richet (British Medical Journal, December 24, 1881,) has recently made a communication to the Paris Société de Biologie, in which he attempts to show that after the death of an animal the nerves of sensation retain their function longer than those of motion.

SIMULATION OF HYDROPHOBIA.—A man at Hastings, England, who was accused of fraud, attempted to simulate hydrophobia. He was subjected to electricity, but stood the test well. Finally, a threat to use a "bigger battery" brought out a confession from the malingerer.

SLOW PULSE.—Dr. Simon, Birmingham, England, (British Medical Journal, December 24, 1881,) reports a case in which a pulse ranging from twelve per minute at a minimum to forty at a maximum has existed for thirteen years.

BALTIMORE WOMAN'S HOSPITAL.—It is said that there is a movement on foot to establish a Woman's Hospital in Baltimore, Maryland.

Dr. Edward Reynolds, the oldest physician in Boston, Massachusetts, died December 26, aged eighty-nine.

LOCAL.

HEALTH DEPARTMENT.

Dr. M. K. Gleason has kindly furnished us with an abstract of his report, as Registrar of Vital Statistics for the year 1881. The total mortality during the year just past was 13,830; the mortality in 1880, 10,400. Fifty-three and fifty-five hundredths per cent., or 7,405 of the deaths were of children under five years of age. The death rate per thousand in 1881 was twenty-five and sixty-one hundredths, the population of the city being estimated at 540,000; in 1880, the death rate per thousand was twenty and seventy-nine hundredths, with a population of 503,000. 5,691 deaths from zymotic diseases occurred in 1881; 3,903 in 1880. The death rate per thousand from this class of disease was forty-one and fifteen hundredths in 1881; thirty-seven and thirty hundredths in 1880. The fourteenth ward still holds its own, and leads the column of high mortality, while the eleventh ward stands first in health. The fourteenth, six, seventh and fifteenth wards, in the order named, have the highest rate of mortality; the eleventh, twelfth, eighteenth and third wards respectively show the best conditions of health. The sixteenth is the only ward in which the rate of mortality for 1881 is lower than that for 1880. The death rate in this ward, however, is relatively high as compared with the above mentioned wards.

Of the deaths reported in 1881, 9,321 were natives of the United States, and of these 7,608 were natives of Chicago; 7,272 were males, and 6,435 females; 13,544 were white, and 162 colored; 2,620 were married; 502 widows and 189 widowers. There were 187 premature, and 642 still-births. Of the deaths from zymotic diseases in 1881 as compared with 1880, the following statistics are given: Small-pox, 858 to 43; measles 111 to 129; scarlatina, 189 to 229; diphtheria, 611 to 930; croup, 400 to 533; pertussis, 158 to 68; typhus fever, 16 to 11; typhoid fever, 578 to 171; cerebro-spinal

fever, 285 to 76; malarial fever, 124 to 71; diarrhoeal diseases, including cholera infantum, diarrhoea, dysentery, cholera morbus and entero-colitis, 1,775 to 1,053. Other zymotic diseases, 565 to —. There were 1,043 deaths from phthisis in 1881, 853 in 1880; 1,262 from acute lung diseases, including pneumonia, bronchitis, congestion of the lungs and pleurisy, in 1881; 1,121 in 1880. The diseases in order of fatality are: Diarrhoeal diseases, 1,775; acute lung diseases, 1,262; consumption, 1,043; infantile convulsions, 1,012; small-pox, 858; brain diseases, 797; diphtheria, 611; typhoid fever, 578; inflammation of the stomach and bowels, 560; violence, 476; croup, 400; diseases of the heart, 348; cerebro-spinal fever, 285; old age, 237; scarlatina, 189; pertussis, 158; congenital debility, 141; puerperal fever, 124; malarial fever, 124; measles, 111; Bright's disease, 102; cancer, 198; suicide, 79; paralysis, 69; sunstroke, 33; hydrophobia, 3.

The statistics of small-pox for the year are interesting. The death by wards are: First, 1; second, 1; third, 1; fourth, 3; fifth, 22; sixth, 48; seventh, 55; eighth, 7; ninth, 1; tenth, 6; eleventh, 6; twelfth, 8; thirteenth, 7; fourteenth, 350; fifteenth, 47; sixteenth, 28; seventeenth, 8; eighteenth, 1; public institutions, 258. By months: January, 18; February, 33; March, 29; April, 31; May, 46; June, 35; July, 50; August, 116; September, 108; October, 172; November, 99; December, 118. The deaths reported from zymotic diseases by wards are: First, 57; second, 132; third, 93; fourth, 485; fifth, 531; sixth, 542; seventh, 442; eighth, 314; ninth, 131; tenth, 140; eleventh, 116; twelfth, 151; thirteenth, 178; fourteenth, 1,261; fifteenth, 295; sixteenth, 211; seventeenth, 234; eighteenth, 102; public institutions, 577. By months: January, 250; February, —; March, 223; April, 269; May, 495; June, 376; July, 909; August, 979; September, 593; October, 537; November, 388; December, 370; total, 5,389.

The health department expended during

1881, \$7,909.90 for vaccine points, at an average price of nine cents each, or about 87,900 points. The amounts paid out for vaccine virus by months, was: January, \$471.45; February, \$640.00; March, \$471.45; April, \$268.10; May, \$176.00; June, \$151.00; July, \$140.00; August, \$455.00; September, \$353.50; October, \$531.85; November, \$943.00; December, \$3,423.00. In December 38,033 vaccine points were used by the health department. Dr. De Wolf estimates that 55,000 points will be required this month, and state that up to this date 20,000 points have been used.

CHICAGO BIOLOGICAL SOCIETY.

At the regular meeting of the Society, January 4, 1882, Dr. Fenger, the president elect, took the chair. Dr. Valin read his inaugural thesis on "A New Theory of Generation." In this he traced the process of generation from its simplest form among the monads up to its most complex form among the highest animal forms. Frequent reference to the labors of others was introduced to corroborate the writer's statements. The Doctor's conclusions were about as follows: The changes which plants and animals undergo in process of time, are all dependent on the natural modes of force to which they have been subjected. These modes of force act not only on the organism as a whole, but on each cell and unit; hence the latter undergo, on a minute scale, the same changes that the former suffers on a large scale; and the growth of the reproductive unit which is a part of the parent or animal, reproduces these changes necessarily by expansion. The paper was followed by the usual discussion. Dr. Park now reported a case of *Reinfectio Syphilitica*. Dr. Tilley exhibited an intestinal round worm, which, after having been placed in strong alcohol, showed prolapse of the ovaries. The Society then adjourned. At the February meeting Dr. Haines is expected to deliver an address on "Albuminuria in Health," and Dr. Fenger will present a paper on "Aneurisms," with reports of seven cases.

COOK COUNTY HOSPITAL

has been having its due share of the small-pox scare. Between January 1 and 7 three cases of the disease were sent to the hospital, one by Dr. Bluthardt, county physician, who, however, immediately telephoned his suspicions; one by Dr. Lee, of Chicago Avenue, to whom the Review has already alluded editorially, and a third, sent by parties unknown. The homœopathic department of the hospital is now established. On January 1, the patients were requested to state their preferences, whether for regular or homœopathic treatment. Ten on the medical side were found who preferred homœopathy. As this did not make up the quota, twenty-four per cent. of the surgical and gynæcological, and twenty per cent. of the medical patients, irrespective of preference, were relegated to the homœopathic staff.

RUSH MEDICAL COLLEGE

has a total attendance of five hundred and seven, and expects to graduate a class of two hundred.

CONGRESSMAN Smith has introduced a bill providing that the National Board of Health shall furnish vaccine virus free of charge. The object of the bill is to prevent a "corner" in vaccine virus.

THE DETROIT CLINIC is the latest weekly candidate for popular medical favor. It appears to be well conducted, and is under the editorial charge of Drs. Walker and Owen, Detroit, Michigan.

MYXŒDEMA.—Dr. Morrall, of Launiles, France, claims to have been the first to demonstrate myxœdema. His claim is supported by the *Gazette des Hôpitaux*.

It is reported that lady medical students in Paris, France, are to be allowed to compete for house surgeonships, a privilege hitherto denied them.

THE American Medical Digest has put in an appearance with the New Year.

THE American Medical Biweekly has been converted into a weekly.

ORIGINAL CONTRIBUTIONS.

*ACUTE CROUPOUS PNEUMONIA.**A Local Inflammatory Affection Only.*

BY F. A. MCGUIRE, M. D., NEW YORK.

This paper has been suggested by a perusal of the article of Dr. Austin Flint on pneumonia as an essential fever. This view is of course not a new one, as it has been promulgated here by Dr. Draper and others, and abroad by Dr. Jurgensen, who takes a still more extreme view, and places acute croupous pneumonia among the acute infectious diseases.* The term infectious is applied to a disease produced by a special cause or germ, which is capable of being reproduced or multiplied under favorable conditions, either within or without the body, and of transmission from one individual to another. Among the ancients and down to the time of Laennec, this form of disease was looked upon as a typical acute inflammatory disease, and was treated by venesection, calomel, and the other elements entering into the antiphlogistic treatment, which has given way to the present expectant and supporting treatment. Among the Greek and Roman writers much confusion existed between pleurisy and what they termed peri-pneumonia, although Aretæus describes them as distinct diseases. These views were those of Celsus, and even down to the times of Sydenham and Boerhaave, remained relatively unchanged, until the skill and genius of Laennec defined more closely, by physical signs and clinical and anatomical investigations, the differential conditions, which have been somewhat elaborated, but scarcely improved, at the present day.

By this brief historical sketch the disease may be recognized as one of the earliest diseases to afflict the race, and from its fatality and wide distribution, it ranks next in interest to pulmonary phthisis. Fashions in medicine, as in other sciences, are the order of the day, and it is not too much to claim that it is only a fashion to trace the origin of every disease to germs, and pneumonia is one of the latest victims to this mania. While the services rendered to science by this and similar working hypotheses cannot be denied, it must be obvious that such hypotheses have their limitations. To ascertain where these limitations exist in the present instance, the position taken

by those who admit and deny specificity should be contrasted. The arguments advanced in favor of the specificity of acute croupous pneumonia are derived, first, from its distribution. Acute croupous pneumonia is a very widely distributed disease, occurring as it does from the arctics to the tropics, its area of extension differing widely from the climatic conditions which produce the ordinary catarrhs of the respiratory apparatus, that are recognized as true inflammatory affections. The fact that contusions or penetrating wounds of the chest wall, or extension of inflammations from surrounding parts, as empyema, pulmonary gangrene, hepatic abscess, etc., play no part in its etiology. The infrequency of its occurrence in subjects devoted to out-door pursuits, and consequently exposed to vicissitudes of temperature. In other words, croupous pneumonia can no more be produced by the excitants of inflammation than can typhoid fever. The morbid anatomy of the affection furnishes a second argument. It is found on examining the lungs that the right lower lobe is affected in about fifty per cent. of the cases; presenting a condition varying according to the stage of inflammation, whether of engorgement, red or gray hepatization; the amount of exudation sometimes varying from one to two pounds. The involvement consecutively of a second and third in a proportion of cases, the peculiar liability as regards the lower lobes, together with the character of the exudation, are believed to be evidences of a constitutional morbid condition not found in ordinary inflammatory affections. The support given to this theory by the clinical history is even more positive and decided than the previous arguments, its being ushered in by a severe chill, usual to infectious diseases, the rapid rise of temperature, disproportionate to the pneumonic signs, the difficulty of determining by thermometrical or other means, the extension of the inflammation to the other lobes. The self-limited course of the disease, its sometimes endemic character, and variations of type, are all looked upon as points of difference from ordinary diseases, which ally it to the essential fevers. In reference to treatment, it is held that the pyrexia alone is the point of attack, the local affections not being considered such, and the course of the disease being measured by the range of temperature as influenced by therapeutical measures. I have endeavored in this

*Zeimssen, Volume one.

very brief way to present the views of the germists. It can be said with considerable certainty that the greatest percentage of mortality results from infectious and inflammatory diseases.

Experimental physiology teaches that to observe the course of inflammation normally it is necessary that the irritant be applied to the subject under favorable circumstances, where the process can pursue its course uninterrupted by morbid elements and constitutional peculiarities. Under such circumstances it is found to pursue its regular stages, with the return of the part affected to its normal state, the amount of disturbance depending upon the area of inflammatory action. Taking into account the anatomical position, histology, and the great physiological activity of the lungs, made up as they are of a series of large, small and capillary tubes, leading into myriads of small cells, subdivided by delicate alveolar walls and lined by still more delicate epithelium, and through whose partitions the blood-vessels traverse, laden with oxygen on the one hand, and the broken down, effete products of metamorphosed tissue, the toxic elements of chronic disease, alcohol, and vitiated atmosphere on the other, it can readily be seen what etiological factors there are here for the production of acute inflammatory affections on the application of the exciting cause. Now, for the sake of argument, in considering the inflammatory character of this affection, let not civilized man, but man in his primitive state, the savage of the plains, the Caffre of South Africa, or the Esquimaux of the North, be taken into consideration. We have here typical manhood in its strongest physical sense. Do they have pneumonia or disease as the result of strong climatic influences, or the powerful application of local exciting causes? No, for they possess that reserved force in nature called vitality. They rally from the serious wounds, they tolerate foreign bodies received in their numerous wars apparently without any interference, and simply because the inflammatory condition pursues its normal course, in a typical organism. Do they have that protective influence in infectious diseases? History has proven, no; they have been swept off by epidemics of small pox and measles. These diseases have almost annihilated the Fijis. Syphilis has added to its ravages, and where they have added to that the vices of civilized life, they leave

an organism in a condition to develop both acute and chronic affections of the lungs. Jurgensen, though not accepting climate in the production, still acknowledges that two thirds of the cases of pneumonia occur in the winter and spring months, and brings forward the following tables as illustrating the variance between other respiratory affections which are acknowledged as the result of cold, and pneumonia:

Pneumonia: January to March, 31.3 per cent.; April to June, 21.4 per cent.; July to September, 14.4 per cent.; October to December, 32.9 per cent. Pleurisy: January to March, 28.9 per cent.; April to June, 26.8 per cent.; July to September, 18.2 per cent.; October to December, 32.9 per cent. Phthisis: January to March, 29.5 per cent.; April to June, 33.5 per cent.; July to September, 15.4 per cent.; October to December, 21.6 per cent. Catarrh of the respiratory organs: January to March, 33.8 per cent.; April to June, 26.7 per cent.; July to September, 17.5 per cent.; October to December, 21.9 per cent.

Noticing the small differences in percentage, it seems very much like straining a point, and hardly to be accepted as argumentative evidence. He holds that pneumonia does not occur in the vigorous, nor in mariners at sea, but is quite common in barracks and in prisons, which is in accordance with my theory, for to develop pneumonia there is required a constitutional depravity, added to a local exciting cause. How often in hospital practice have sturdy sailors been seen, who have been ashore but a week, who have gone on their periodical sprees, been subjected to a slight exposure, and developed a most serious pneumonia: Inebriates, suffering from delirium tremens, develop the affection without the slightest exposure, simply because their nervous systems or pulmonary parenchyma will not tolerate the presence of alcohol, and only waits for some depressing influence to inflame. And so on, with many examples of conditions which influence the etiology of this peculiar inflammatory condition, as the mortality seems to prove. The peculiar selection of the lower portion of the right lung, although representing a proportion of from forty-seven to fifty per cent., is nothing like as constant as the intestinal lesions of the lower portion of the ileum in typhoid fever; and is claimed by Grisolle to be due to the right lung showing a larger area for attack. As to the peculiarity of the exud-

ation, we find it occurring in other affections which are not considered at the present day as specific, as in croupous bronchitis and membranous sore throat, as the result of cold, and not of diphtheritic origin. A feature in the morbid anatomy of pneumonia which removes it from the infectious diseases, is the absence of molecular and epithelial changes in the various glandular organs, as the result of a blood change; the waxy degeneration of muscles, renal changes, hæmorrhages, and various forms of paralysis, such as are found in diphtheria, scarlatina, and typhoid fever, and various conditions as occurring in infectious diseases. When resolution takes place, there is as a rule nothing to fear except resulting debility. As to the sequelæ which are so often the concomitant of infectious diseases, there are none reported as appearing in pneumonia. The clinical features of pneumonia are in many respects very characteristic, and in others quite obscure. In the former case, the chill, followed by rise in temperature, pleuritic pain, brick dust sputa, anxious and flushed countenance, even without resort to physical diagnosis, tells the tale; while in the latter, more especially in the aged and in childhood, there are often coma and typhoid symptoms in the one, and convulsions and cerebral symptoms in the other, leaving it to physical signs altogether to determine the character of the affection. Although having in its clinical aspect many features in common with contagious diseases, this form of inflammation receives its peculiar stamp from the condition of the individual at the time attacked. If two individuals, one in robust middle life but of gouty habit, and with a kidney having more than its normal amount of urea to eliminate, and the other of spare habit in ordinary health, without toxic influences, be subjected to the same amount of exposure, there is no question but that the gouty patient will respond quicker to the irritant than the latter. Such immunity will not exist or hold good in presence of an infectious disease. The intensity of the symptoms in pneumonia does not always bear relation to the amount of lung tissue involved, and as for an illustrative example I cannot do better than relate the history of two cases, one seen with Dr. Spitzka, and the other with another colleague. In the former, the amount of consolidation was limited to the middle and a portion of the right side, less marked in front than posteriorly, the tem-

perature hardly being at any time over one hundred and three degrees, and the pulse not one hundred, it being a most beautiful example of pneumonia running a typical course. In the second, a dispensary case, the subjective signs were so marked that the diagnosis was made without stripping the patient, the temperature being one hundred and four and one half, pulse one hundred and forty. Within twenty-four hours after the initial chill, on resorting to physical examination, the attack was found to be limited to the right middle lobe, where a tea-cup covered the extent of crepitation. As it was the stage of engorgement, an unfavorable prognosis was given, and justified by death in forty-eight hours. As a strange matter of coincidence, both patients worked in the same foundry, and were apparently exposed to the same exciting influences, but in one we had a local inflammation occurring in a weak though otherwise normal subject, and in the other, though of a robust form, an alcoholic history. Numerous examples of this kind are my excuse for the positiveness and dogmatism of this paper.

In the contagious pneumonia of cattle, there is found a disease only too closely covered by the definition already cited in this paper. It has all the features of an infectious disease. In the article on its pathology, by Porter and Hegeman (*Archives of Comparative Medicine*), the following is found: "A careful search was made for evidences of croupous pneumonia in the alveoli, but in vain. Nothing fibrinous was seen in the alveoli. The latter were filled with swollen granules, and in most instances indistinct epithelium; but occasionally a very distinct epithelium corpuscle was observed. The blood corpuscles and fibrin are absent, and there is nothing indicative of croupous pneumonia." Compare this with the article in Zeimssen, volume iv., page 27. "It is stated by veterinary physicians that true croupous pneumonia often occurs in animals, generally in horses and cattle. In fact, the nature of the symptoms and lesions found after death leave no doubt upon that point. The disease is said to prevail as an epidemic." This is a very serious error to creep into a work like Zeimssen, and evidently shows a want of personal investigation. In fact, the sporadic, non infectious cases which do occur in the lower animals are of the croupous variety. The prognosis can be passed over very briefly, as it depends

altogether on the character of the individual attacked, age, etc., and the extent of lung involved and complications present. In the treatment, to use the words of a well known clinical teacher of this city, it is the man we treat, and not his pneumonia, recognizing in these few significant words, the morbid condition under which the mass of these patients labor. It is a well known fact in clinical medicine that all intelligent physicians treat all acute affections, whether inflammatory or infectious, upon the broad basis of general principles, whether in the reduction of temperature or the sustention of heart power, it applying to all.

In considering the mortality of pneumonia, the similarity in statistics in reference to the class of people attacked and its fatality is very striking. Statistics show that the ratio of attack in old age is very much more than at any period from the twelfth year to the sixtieth, showing a rate of four per cent. to eight per cent. at from eleven to twenty. Senility has not this relation to the infectious diseases, it has a certain immunity from them, and we find in the tables taken from Curcsmann on small pox, a percentage of a little more than one per cent. in persons over sixty, and in the statistics of Basle in typhoid fever, we find but twelve cases over sixty years out of one thousand seven hundred and fourteen.

The great susceptibility of patients suffering from chronic affections, to pneumonia is shown by the following tables: Grissolle found it to occur in five-sixths of the children affected by gangrene of the mouth, Rayer in one-half of his cases of chronic Bright's disease, Jaccoud in twelve and eight-tenths per cent., and Dr. John Taylor in twenty-four per cent. As to rickets, in a given number of cases it has been found to complicate nearly one-half, and its frequency in chronic alcoholism has been so well recognized by clinicians as to constitute a variety known as pneumonia potatorum. The effect of exposure does not receive to a great extent the etiological importance it deserves by the germists, Cruveilhier and others have shown that out of one hundred and fifty-six cases occurring in old people, one hundred and forty were in the winter and early spring months, in a season characterized by cold northerly winds. Such a condition has been verified by Dr. Delafield in a paper published in 1875, when pneumonia prevailed in Bellevue Hospital to such an extent as to com-

plicate a very large proportion of the cases, and precisely under such climatic influences. In surgical practice, Erichsen has shown it to be common after severe surgical operations, forty-five per cent. of the fatal cases showing evidences of pulmonary inflammation; and moreover, Dr. Deihl found only eighteen previously healthy persons in seven hundred and fifty cases of pneumonia. When complicating other diseases of an infectious nature, its presence would be more intelligently explained by regarding it as the result of a croupous inflammation excited by a specific poison occurring in a depressed organism, than by the occurrence of two infectious diseases acting in common. Without further lengthening arguments, or citing any more authorities, which would bear out the position taken, I may say I regard pneumonia as a pulmonary inflammation, with an exudation into the cells of a croupous character; that it requires, in a large number of cases, for its development, a morbid condition inherent in the individual attacked, united to a local exciting or any depressing cause, and that this so-called infectious element is in a vast number of cases a very definable one. It varies from true infection in its want of communicability, in its selection of individuals, its prevalence in all periods of life, in its geographical range, as inflammation has not any, differing in this respect from typhus, relapsing and yellow fever; its occurrence under the best hygienic and sanitary surroundings, as contrasted with diphtheria and typhoid; its occurrence several times in the same individual, not the rule in contagious diseases, and lastly, the absence of sequelæ, or secondary changes, which we know to be not uncommon in the latter affections; its being complicated by pleurisy, pericarditis, or still better, purulent infiltration, gangrene, or pulmonary abscess, being conditions which may occur in any local inflammation, or, by an abnormal course, in its resolution.

GERMAN LETTER. The readers of the Review will be pleased with the bright, chatty letter of Dr. R. Stansbury Sutton, late Lecturer on Gynæcology at Rush Medical College. Two or three of these letters are promised by this gentleman during the coming year, and will no doubt be awaited with much interest.

*SUPPOSED POISONING BY BROMIDE
OF POTASSIUM.*

*An Autopsy Lecture Delivered at Cook County
Hospital, December 5, 1881,*

BY DR. CHRISTIAN FENGER, CHICAGO.

The history of the dead body before us is the following:

The patient, Mrs. Murphy, was a woman of about fifty years of age. No reliable history of previous life and health could be obtained. Her statements were inconsistent and unreliable. A fair history of epilepsy gravior could, however, be made out. Seizures occurred about once a month. Patient was known to be insane. She was discharged by House Physician to County Poor House, but through neglect of the nurse remained, and, December 1, was ordered by the attending physician $\mathcal{R}$ Potassii Bromid, $\mathfrak{z}\text{i}$; aquæ, ad $\mathfrak{z}\text{iv}$. M. S. $\mathfrak{z}\text{i}$. every two hours.

Dec. 2. By an oversight no medicine was given yesterday. Had $\mathfrak{z}\text{i}$ of above prescription at 12 M., another at 2 P. M., and another at 5 P. M.

Dec. 3, 9:30 A. M. Discovered patient in a stupor. Can be partially roused by irritation, but immediately relapses into a condition of stupor when the irritation is discontinued. When the integument of limbs is pinched she draws up the limbs but does not speak. She sat up in bed, and was got ten into a chair for a short time. Drank part of a glass of milk. Slight jactitation of hands, pupils equal and normal in size, only slightly responsive to light. Pulse 64; irregular and feeble. Temperature 98.1°. Respiration 20. On making inquiries as to the cause of this condition of affairs it was ascertained that about fifteen hours prior to this time, patient had drunk the contents of the bottle containing the bromide of potassium solution prescribed for her, which had been left on the table beside her bed. Nine drachms remained in the bottle, and this with the three drachms given by the nurse, left a balance of an ounce and a half, representing three hundred grains of bromide of potassium, taken by patient at one time.

Unfortunately the nurse did not comprehend the situation, and no one was notified of the mishap. Patient continued in stupor, without convulsions or paralysis, until 10:30 P. M., when she died, twenty-eight and one-half hours after taking the potassium bromide.

Note made by Dr. Bridge.—At six P. M.

took her three hundred grains of potassium bromide. Soon went to sleep, and slept till 9 P. M., when she began to be delirious and walked about. Had to be tied in bed about 4 A. M., about which time or soon after stupor commenced.

Ante-mortem diagnosis in this case was poisoning by an over-dose of potassium bromide, of which as much as three hundred grains, that is, five drachms or twenty grammes had been taken at one time.

As I do not know, from the literature, of any case of death caused by an over-dose of potassium bromide, the case before us to-day is of very considerable interest, and I propose to make an especially careful and thorough examination of the body.

Before proceeding with this I will briefly state what toxicology teaches us about the effects of overdoses of potassium bromide, in order to compare these with the symptoms of the case under consideration. A dose of from six to ten grammes will cause transient headache, pressure in the temporal regions, slow and difficult speech and delirium, which persist for, but disappear after, about twenty-four hours. After a dose of fifteen grammes, the following additional symptoms are noticed: The pulse decreases to 40; the heart-beat becomes irregular, and the bodily temperature is lowered 1.1° below normal; that is, to 97.2°.

In rabbits a dose of four grammes administered either subcutaneously or by the stomach causes collapse, cessation of motion and sensation, and in from fifteen to forty minutes death occurs with symptoms of paralysis of the heart. A dose of two grammes occasions nearly the same train of symptoms, which after two or three days, terminate either in recovery, or death immediately preceded by dyspnoea and convulsions.

The action of potassium bromide on the heart has been studied only in frogs. After the subcutaneous injection of one or two grains, that is, six to ten decigrammes of the salt, the following phenomena have been noticed on the denuded heart: Contractions of the auricles continue regular and rhythmical for a long time, while the contractions of the ventricles become slow and weak, so that in the time occupied by two or three contractions of the auricles, there is only one contraction of the ventricles, and this is superficial and incomplete. In consequence of this we may expect to find

a slow and weak arterial pulse. Finally, the contractions of the heart cease entirely.

When we compare these facts with the history of the case before us, we find that the irregular and feeble pulse of sixty, and the decrease in temperature of four tenths of one degree are in conformity with the symptoms an over-dose of bromide of potassium. Besides this, the condition of sopor or stupor, noted December 3, agrees with the symptoms we would expect to find. But the symptoms noted by Dr. Bridge, that the night after the supposed over-dose of potassium bromide, the patient got out of bed, walked around, and became so unmanageable that she had to be tied to her bed, early in the morning, are greatly at variance with the main symptoms of potassium bromide poisoning, as a patient with general paralysis and anæsthesia will not, as a general rule, be able even to get out of bed.

What we may expect to find in the body, if the diagnosis of potassium bromide poisoning is correct, cannot be definitely stated, as no case of the kind is yet on record. But approximately, we may expect to find the same conditions as after poisoning by other salts of potassium. These may be briefly stated as follows: Liquid, dark-colored, non-coagulated blood, flabby, uncontracted heart, the walls of which present a little cloudy swelling. Aside from this, all the organs of the body should be perfectly healthy in appearance.

Autopsy was made forty hours after death.

Body well nourished. No œdema; rigor mortis. Inside right elbow joint and posterior part of extremities, and trunk find the usual bluish red spots of cadaverous discoloration. Pupils moderately dilated and equal in size. Adipose subcutaneous tissue of medium thickness and normal appearance. Transverse muscles somewhat pale and dry, otherwise of normal appearance.

Thorax. Pericardial sac contains half an ounce of clear serous fluid, normal in appearance. Heart of normal shape and size. Both ventricles flabby. Right ventricle does not contain a trace of coagulum. All the blood is in liquid condition. The same is true of left ventricle and the auricles. Pericardium natural. Endocardium and valves normal. Left ventricle contains a little liquid blood of bright red, arterial color. Blood from *venæ cavæ* is

liquid, and dirty, dark-brownish red in color.

Lungs. Left pleural cavity contains a little clear serous fluid. Left parietal and visceral pleuræ normal. Left lung, upper lobe, normal. Lower lobes a little more filled with blood than normal. A little commencing hypostatic pneumonia and some puriform fluid in bronchial tubes. Right lung, upper lobes normal. In lower, some hypostasis but no pneumonia. Blood from *venæ cavæ*, microscopically examined. Red blood corpuscles not discernible as such, but instead, find irregular clusters of pale-red color in which the shape and outlines of blood corpuscles cannot be discovered, and which look as though a number of softened blood corpuscles had been melted together. Blood from ventricles of heart shows distinct outlines of red blood corpuscles not united in rouleaux. The blood corpuscles here are somewhat pale, and the circumferences mostly crenated.

Abdominal Cavity contains no fluid. Peritoneum, parietal and visceral, perfectly normal. On upper part of ileum we find to extent of one yard, all the perivascular lymph spaces injected with yellowish-white matter (chyle) so as to be distinct and noticeable all over the intestine. Ileum contains yellowish mucous matter of normal appearance. In duodenum this mucous matter is more brownish from the coloring matter of the bile. Colon contains thin yellowish fæcal matter. Spleen normal in shape, size and appearance. Liver normal in shape and size; a little pale and flabby. Tissue on cut surface somewhat pale and flabby from a little cloudy swelling, otherwise natural.

Mucous membrane of mouth, tongue, palate and pharynx natural. In lower half of œsophagus are found numerous small erosions of epithelium, in size from a point to a pin's head, and further down, near the cardia, larger surfaces of epithelium are thrown off.

The stomach is half full. It contains a thin, grayish alimental fluid, in which white pieces of coagulated milk are disseminated. Mucous membrane of stomach in lower part of fundus and corpus is in a state of emollition from contact with the above described alimentary contents. But in portions of stomach where the contents are not in contact with the wall we find mucous membrane covered with a whitish, tenacious matter, under which the mucous membrane is natural. No signs of inflammation, there-

fore no gastro-enteritis. Commencing decomposition. Mucous membrane of duodenum, normal; of upper part of jejunum and rest of ileum, colon and rectum perfectly normal and healthy in appearance.

Kidneys normal in shape, size and appearance, except that the tissue is a little flabby and somewhat pale. No nephritis. Bladder empty, mucous membrane normal. Vagina contains some yellow purulent fluid. Mucous membrane normal. Mucous membrane of cervix and corpus uteri normal. External os uteri shows diffuse superficial erosion with injection and ecchymosis. Numerous adhesions between uterus and rectum, closing cul-de-sac of Douglas.

Cranium heavy, unusually thick. External and internal surface normal. Coronal suture partially closed, especially in middle. Sagittal and lambdoidal sutures mostly closed. On the inside no sutures are to be seen. The thickening of skull is due to an about equal thickening of the three layers. Internal plate is about three or four times as thick as normal. Dura mater shows, on external side, all over right hemisphere, a dark, brownish-gray discoloration that terminates in the median line along the superior longitudinal sinus. Dura, over left hemisphere, is normal in color. Superior longitudinal sinus contains a little fluid. In cutting through the dura mater over the right hemisphere, about an ounce and a half of liquid blood of dirty, brownish color, comes out. Over left hemisphere the inside of dura mater is normal. The gyri are flattened over this hemisphere, not prominent as normal. Between the dura and pia mater of right hemisphere is a clot of dirty, brownish color, that has compressed the hemisphere, especially in the region of the temporal lobe and fissure of Rolando. Dura on base of cranium can be easily detached from osseous surface. We find all over right side as well as in some places on left, especially in the temporal fossa, the following: On inside of dura mater we find a coherent membrane of black brownish color and considerable resistance, and of from one to two millimeters in thickness. In left temporal region we find some fresh red and not yet discolored patches, where we are able to detach a fine membrane from the surface of the dura mater. This examined microscopically presents, as you will see, connective tissue fibres and young connective tissue cells and thin walled vessels. In the great longitudinal fissure we

find the right hemisphere protruding over to left side below the concave border of the falx cerebri, that is the right hemisphere has been pushed over against left, flattening it. Pia mater is abnormally adherent to gray substances of hemispheres, so that it cannot be detached without, in some places, destroying the surface of the gray matter. Lateral ventricles are a little dilated, and contain slightly more than the normal quantity of clear cerebro-spinal fluid. Endothelium in the lateral ventricles is normal. White and gray substance of hemispheres normal in appearance and consistence. No softening or hardening of the brain tissue. Corpora striata and thalami optici normal in appearance and consistence. Vessels of brain are healthy. Surface of right hemisphere is brownish in color from imbibition of hæmatine from the extravasated blood. Pons varolii, cerebellum, crura cerebri, medulla oblongata and fourth ventricle are perfectly normal.

Post Mortem Diagnosis.—Chronic internal hæmorrhagic pachymeningitis, with hæmorrhage and compression of brain.

Internal hæmorrhagic pachymeningitis, or the *hæmatoma duræ matris* of olden times, is, as you will know from your text books, one of the rarer consequences of chronic alcoholism. It gives rise to none, or rather to indistinct cerebral symptoms, and has for its natural termination sooner or later, but inevitably, a hæmorrhage sufficient to cause death by intra-cranial pressure. I make this brief statement merely because the main question we have to discuss to-day is not the details of the hæmorrhagic pachy meningitis, but rather the medico-legal considerations of the case now before us, which are comprised in this one question: Have we before us a case of potassium bromide poisoning, for which some one might be held responsible, or a hæmatoma duræ matris which has come to its natural termination?

From a medico-legal point of view, I would not have the slightest hesitation in stating to the coroner's jury that the patient came to her death by the natural termination of a disease of the dura mater, and consequently that no one could be held accountable for her death. Her previous epileptic attacks, and the final brain symptoms, stupor, delirium, slow pulse and lowered temperature, may all be rationally accounted for by the post mortem diagnosis. So far we have considered the in-

structions to the coroner's jury, which considers facts only.

But, proceeding into the realm of theory we might ask: Is it possible that such an over-dose of potassium bromide, as was taken in this case, would cause the terminal hæmorrhage in an individual suffering from internal hæmorrhagic pachymeningitis? The answer must be that nothing is known of such an action of potassium bromide. On the contrary, experiments on dogs and rabbits, as to the effect of potassium bromide on blood pressure have shown that small doses cause lowered pressure and quickened pulse, and large doses, lowered pressure and bodily temperature, and slow the pulse.

The liquid state of the blood, and the flabby heart are frequently met with in cerebral apoplexy. Consequently in the autopsy just made there has not been found a single condition traceable to any tangible effect of an over-dose of potassium bromide.

120 West Indiana Street.

NIGHT SWEATS IN PHTHISIS.

BY M. P. HANSON, M. D., MILWAUKEE, WISCONSIN

Night Sweating in consumption is a remedial effort of nature, and should not be stopped, until some more effective means of getting carbonic acid out of the blood is supplied. Then the night sweats cease.

The consumptive who sweats lives longer and better than the one whose lungs are in the same pathological condition, but does not sweat.

The above is a brief statement of what I believe to be true in relation to that one symptom, which causes the physician so much anxiety and perplexity in the management of advanced cases of Phthisis Pulmonalis. And I will now proceed to explain a little more in detail, and throw out some suggestions for the consideration of those who may differ with me on this important question.

And, first, let us enquire what is the condition that seems to make the sweat useful and necessary for the prolongation of life. It is just the time when the diseased lungs have become so embarrassed or reduced in capacity as to be incapable of performing their functions well enough to supply the amount of oxygen needful to carry on the vital chemistry of the system.

Respiration being imperfect, the blood is not properly ventilated, and carbonic acid

is accumulated in the blood, which shows itself toward the close of the day, in a dark areola about the eyes, dark purple lips, and a blue muddy hue of the skin with languor and hectic fever.

Now, when the patient retires, the confinement of the animal heat is a condition favorable to, and the vis medicatrix naturæ seizes this opportunity to ventilate the blood through the skin. Doctor Erasmus Wilson says: "The skin performs the office of a surface lungs, by supplying the blood with oxygen and abstracting its carbon."

"The skin may be regarded as an everted lung."

Doctor Thudichum, Professor of Chemistry in the Grovesnor Place Medical School, London, after repeated analyses, says, "That he found the sweat of consumptive patients to contain enormous quantities of carbonic acid," and other chemists have found the same results, so that we see how that nature, by a profuse sweat, can and does relieve herself of that load of death, and her patient gets up in the morning with a clear skin and colored lips, and a pink flush on the cheeks, thus showing that his blood has been ventilated.

Now, this sweat was accomplished under very disadvantageous conditions, and therein lies the appearance of evil and danger to the patient, which has led the medical world so far astray, as to make this simple remedial effort of nature, the night mare of doctors.

With the relief sought, the bed becomes wet and sodden, sometimes drenched, and the patient is allowed to remain in a sodden bed until his heat and electricity are dissipated, and his system relaxed; but even under these unfavorable conditions he is benefitted, and if, as he should be, he could be at the close of the sweat wiped off and transferred to a dry bed, or have his wet clothes exchanged for dry ones, he would be very much more improved by a phenomenon which has hitherto been regarded with great anxiety. Night sweats mark a stage of a generally fatal disease, but in itself it is a relief to the sufferer, and should never be stopped unless some other mode of sweating more effectual and complete, and freed from the unfavorable conditions of nature's effort can be provided.

Sweating is the *indicatio symptomatice et indicatio morbi*. But what is the usual mode of meeting these symptoms? You tell a physician that your consumptive daughter has night sweats, and he casts a

look of pity upon you, and begins to martial his sulphuric acid, quinine, Dovers powders, belladonna, zinc, sulphate iron, etc., to do what never should be done. Thus we often find ourselves helping the disease instead of the patient, when a little closer observance of nature's teachings would have enabled us to see the absurdity of our practice.

CORRESPONDENCE.

NEW YORK LETTER—FEVER HOSPITAL.

NEW YORK, January 12, 1881.

A case which markedly illustrates how small-pox spreads in the large cities is the following: Three weeks ago a cigar dealer was taken with what was given out as rheumatism. An irregular physician visited him, and his wife nursed him until he recovered. His wife became ill on Christmas day, and died on Monday subsequent thereto. Her death revealed the fact that small-pox, and not rheumatism, was the disease which her husband had had, and from which she died. The physician in attendance is said to have connived at the concealment of the case. The husband is said to have sold cigars while in a contagious stage of the disease. The health officers fumigated the premises and took other precautions to prevent the spread of small-pox among the other inhabitants of the house, a dentist who occupied the second floor, and a family in the top story.

The following story is told of a New England physician: A physician of North Adams, Massachusetts, was called by telephone, about one o'clock at night, from Briggsville, two miles away. A child was suffering from croup. The night was dark and stormy, and the doctor found nothing pleasant in the contemplation of the trip. He called the Briggsville house in which the little sufferer lay, and requested the parents to bring it to the telephone transmitter. This was done. The child coughed its croupy cough, and the doctor listened intently to every sound which came from his patient. He prescribed a remedy, which was followed by immediate relief and rapid recovery.

HOMICIDAL INSANITY.

The City Commissioners of Lunacy, Dr. W. L. Hardy and Dr. W. J. Jackson, recently completed their semi-annual report.

This document shows that during the six months ending December 31, 1881, they committed to asylums no less than five hundred and forty-five persons, of whom three hundred and four were males, and two hundred and forty-one females. Of the entire number, but one hundred and sixty-four were born in the United States. Sixty per cent. of the foreign born patients were natives of Germany. During the the month of July, 1881, fifty-seven males and fifty-four females were committed; in August, fifty-five males and forty-one females; in September, forty-seven males and thirty-six females; in October, forty-five males and thirty-two females; in November, forty-nine males and forty-four females; and in December, fifty-one males and thirty-one females. In addition to the number of persons actually committed as undoubtedly insane, Dr. Hardy and Dr. Jackson examined nine hundred and thirty-two cases of derangement where the condition of the patients did not justify their commitment to an insane asylum. Referring to the cases of insanity embraced in the report, they say: "There is a marked increase in the number of cases which are in medical phrase termed homicidal mania. For instance, an English carpenter believes that God has commanded him to marry another wife, and to kill his own legal wife if necessary to accomplish that end. J. M., who is deaf and dumb, imagined that he was a great pedestrian, the most wonderful walker in the world, and that he was empowered by the Almighty to kill his mother and sister if they could not walk as fast as he could. H. W., an Englishman, and one of the most expert machinists in the country, wishes to murder Queen Victoria, because he imagines she is not entitled to the throne of England. A. D., a wood carver, believes that he is a member of the Molly Maguire Order, has killed one man already, and must kill another in obedience to orders. W. D., a barber, and a man of puny physique, believes himself a great detective, and declares that he has killed one of the James brothers, and will wipe out the other. J. J. D., a contractor, believes that he is an agent of Mr. Jay Gould, and will be Mayor of New York if he can succeed in assassinating Mr. William H. Vanderbilt. There are many other cases of a similar kind, but these are the most prominent and interesting cases.

The profession in New York are thoroughly disgusted with the expert testimony

in the Guiteau trial. That asylum superintendents should say under oath that moral insanity does not exist, and that there is no such thing as hereditary insanity, while the cross-examining counsel compelled them to read their contrary opinion as expressed in their published reports, was alone sufficient to throw a glaring light on the integrity and scientific pretensions of the asylum coterie. That another expert for the prosecution based his diagnosis of insanity on the state of the skin, while still another stated that all insanity began with failure of the memory, called for the contempt of even the laity. But the acme was reached by one "expert" witness who had not examined Guiteau, who stated that he had not visited an asylum, who could recollect only two cases of insanity that he had seen, and who confessed that the questions and the answers he was to give to them had been carefully gone over with him by the prosecuting counsel. This witness' testimony has been reprinted, by whom can be readily conjectured, and is extensively circulated as an advertising pamphlet in New York. Of course the doctor publishes only the direct testimony, and omits the results of the cross-examination.

Twenty-five years ago the city of Albany, New York, with a population of fifty-seven thousand, consumed three hundred and fifty pounds of opium and three hundred and seventy-five ounces of morphine annually. Now, with a population of ninety-one thousand, three thousand five hundred pounds of opium and five thousand five hundred ounces of morphia are sold every year in that city. The increase in the use of morphine and opium in New York State is something startling.

FEVER HOSPITAL.

There have been observed in the fever department Riverside Hospital, Blackwell's Island, two cases of scarlet fever complicated by typhoid. There have been two typhus epidemics during the year, apparently from different foci. In the first, five hundred and seventy cases were sent to the hospital, in the second, thirty cases. The first epidemic originated in a tramp-resort, and considering its consequent wide dispersion, too much credit cannot be given the health board, and notably, to Dr. E. J. Janeway, for confining it within the narrow limits to which it was restrained. The eruption in these epidemics appeared from the third to the fifteenth day, The utmost

temperature reached was from 103.5° to 106° and at times there was a sudden and sharp decline about the tenth to the fourteenth day, the temperature sometimes falling as low as 97° , frequently as low as 97.5° . The pulse in some cases was no more than forty-five to fifty-five, soft and regular. In some cases there was slight diarrhoea. Injection of the eyes and duskiness of the face was very common. About twenty-three per cent. died. The most curious circumstances about the first epidemic were the errors in diagnosis, made chiefly by the authorities of Bellevue Hospital, in justice to whom it must be recollected that the majority of the subjects were debilitated, were of the tramp species, and had been exposed to the disease. In one case alcoholism was mistaken for typhus, in another alcoholism complicated by malaria. One patient who was markedly affected with acne was sent to the hospital as a case of typhus. Two patients, both debilitated who were sent to the Riverside Hospital as typhus fever patients, were not ill other than mentally, one being a lunatic, the other an imbecile. In one case the only thing about the patient was found to be constipation, being otherwise perfectly well. In two cases the supposed typhus patient had diarrhoea, and in one dysentery. In one case the patient was suffering from delirium tremens. In two cases erythema was mistaken for typhus, and in one case erysipelas. In one case the patient was suffering only from the effects of heat. In one case the patient had sprained his ankle, and in consequence was regarded as a case of typhus. In another case the only basis for the diagnosis of typhus was the presence of subacute gastritis. In one case multiple cerebro-spinal sclerosis had been regarded as typhus. Two cases of malaria found their way into the hospital as cases of typhus. One of these was complicated by menorrhagia. One case of meningitis and one of malingering were sent to the hospital as typhus. Pharyngitis formed the excuse for a diagnosis of typhus in another case. The diagnosis of purpura hæmorrhagica as typhus, under the circumstances is readily explicable; this occurred in one case. But what shall be said of three cases where the wounds inflicted by pediculi led to the erroneous diagnosis? Pneumonia led to the diagnosis of typhus in five cases. Phthisis in one and pleurisy in one; scarlatina was mistaken for typhus in one case. and the existence of small pox led to a similar diag-

nosis in three cases. Scrofula and rheumatism were in two cases the cause of a diagnosis of typhus. In one case the diagnosis was based only on the existence of ulcers of the leg. Broncho-pneumonia led to the diagnosis of typhus in one case: pyelitis in one case, diphtheritic dysentery in one case, cerebritis and meningitis in one case, cerebro-spinal meningitis in one case, pneumonia and cerebral softening in one case, chronic nephritis in one case and remittent fever in one case; typhoid was not taken for typhus, but the latter disease was occasionally taken for the former, a much more serious mistake, as the patients were treated in general hospitals. Owing to the unexpected length of this letter I shall defer further particulars of equal interest to my next.

J.

BILLROTH'S OPERATION OF LAPAROTOMY.

HALLE, GERMANY, December 18, 1881

MY DEAR DOCTOR:—

The reception of several numbers of your excellent journal reminds me that I have not written to you since I came to Europe. It occurs to me that a sketch of Billroth and Nussbaum, whom I have already visited, the former for two and a half months, and the latter for nine days, might interest your readers. I had the pleasure of seeing Professor Billroth open the abdomen seventeen times during my stay in Vienna, and observed his method of operating with great care. Prior to the operation, his room is filled with carbolic spray from Lister's apparatus, and the temperature of the room is raised to about seventy-five degrees Fahrenheit. The patient is dressed in warm flannel leggings, consisting each of one piece from the toes to the hips, and secured to the limbs with tapes tied at short distances apart; a muslin gown, and over this a warm wrapper, open in front. She is placed upon an operating table, which now accommodates her limbs to a double inclined plane, while her body also occupies a slightly inclining plane. She is now narcotized with a mixture of chloroform one hundred parts, sulphuric æther thirty parts, and alcohol thirty parts. The abdomen, which faces the window, is now laid bare. An assistant with a good nail brush and soap and warm water scrubs the surface of the abdomen thoroughly; another now carefully shaves it, and then washes it thoroughly with a

five per cent. solution of carbolic acid. A nurse stands by with a large piece of mackintosh, in which a central aperture, elliptical in shape, has been made. She has moistened this all over on both sides with a five per cent. solution of carbolic acid. This piece of mackintosh is now laid over the patient's abdomen, that section of it in which the incision is to be made alone protruding, and towels wrung out of a five per cent. solution of carbolic acid are now laid all around the opening in the mackintosh, through which the selected portion of the abdomen protrudes. One assistant takes charge of the anæsthetic, a second has charge of the pulse, a third stands opposite to Professor Billroth on the patient's left side, and a fourth is at his left hand, while the fifth hands him the instruments; the nurse cleanses the sponges. On a slate which hangs on the wall is written the number of sponges assorted for the operation. Behind Professor Billroth, on a spacious table, stand large brass trays, nearly full of a five per cent solution of carbolic acid, in which lie all the instruments and ligatures. Near by, out of the way, stands an attendant with Paquelin's cautery at a cherry-red heat. All is now ready. By means of the long lever under the table the center is raised and the pelvis and abdomen are carried to a level above the head and knees of the patient; and this affords immense advantage over any other position, both as to the convenience of the operator and safety of the patient. During the narcosis, with a long laparotomy bistouri, the gift of Spencer Wells, he divides the abdominal wall in the median line, using no grooved director, his assistant attaching the artery forceps where required. The cyst is at once emptied with a trocar, a modification of that of Spencer Wells, the tube of which is of rubber, and which conducts the fluid to a vessel on the floor at the end of the table. If no adhesions are met with, the pedicle is seized with strong clamp forceps, tied with carbolized silk ligatures, and cut short. The pedicle is now spread out upon a flat sponge, and divided between the forceps with Paquelin's cautery. The pedicle is never tied en masse, but in several sections. It is now dropped into the cavity of the pelvis, and the "toilet of the peritoneum" is completed with the application of a few sponges on locked forceps. If adhesions oppose the removal of the cyst, they are isolated, seized at two points with clamp forceps, tied with carbolized

silk cut short, and divided with Paquelin's cautery over a sponge. If the growth undergoing removal is malignant and the disease has invaded the neighboring small intestines, the infected section of the intestine is cut out and the divided ends are then sutured together. If the bladder is invaded, and the section is not too large, it is cut out and the wound sutured as is the intestine. This is no myth. I saw him do ovariectomy, enterotomy and cystotomy on the same patient, and saw that patient well in three weeks after the operation. He is very rapid in his operating, and unless a case is complicated, twenty minutes is his usual time, although I have seen him deliver a cyst in three minutes. The abdominal wound is closed with a double row of sutures. The first row are of silver wire, secured by leaden buttons, and stand well back of the margin of the wound. The second row are of carbolyzed silk, and do not include the peritoneum. I saw him several times, in the removal of very large fibroids, remove portions of the uterus with the growth. I also saw him resect the pyloric extremity of the stomach, and had the pleasure of seeing the patient from day to day as he recovered. Professor Billroth is in type, of course, German. He is a very polished gentleman, very affable and very kind. In appearance he resembles the Hon. James G. Blaine more than he does any man I can recall. He is a warm friend of Professor Nathan R. Bozeman, of New York, and frequently spoke of him in the most flattering and happy manner. On one occasion he said to me, "I would like to have Bozeman's counsel in a case I have." A few days later I saw him operate on it. The case was a vesico-vaginal fistula, very extensive. The result was good. My next letter will be in regard to Professor Nussbaum.

Your friend,

R. STANSBURY SUTTON.

LEGISLATIVE ALIENISTS.—The New Jersey Senate have settled the vexed question of Guiteau's insanity. After a free fight over the appointment of a page the Senate resolved, by a majority vote, that Guiteau was sane and responsible.

NAVAL MEDICAL PROMOTIONS are to be determined hereafter by seniority, and not by competitive examinations.

REVIEWS.

WHAT TO DO IN CASES OF POISONING. By William Murrell, M. D., M. R. C. P. Sixteen mo. London: H. K. Lewis, 1881.

The object of this small volume is "to give straightforward directions for the treatment of the commoner poisons," by which expression is intended the treatment of cases of poisoning by them. These directions are given in a clear, concise manner, and calculated to be of service to the average practitioner. The points of treatment of each variety of poisoning are given in separate chapters. The latest antidotal treatment is given, especially in relation to the question of medical antagonism. The book contains but few loose statements, and even these are of a nature not calculated to do harm. The book is fairly printed, but might be on a larger page, in which case it would fit into the average visiting list.

POCKET BOOK OF PHYSICAL DIAGNOSIS for the Student and Physician. By Dr. Edward T. Bruen. Philadelphia: Presley Blakiston, 1881; W. T. Keener, Chicago.

This unpretentious volume, to quote from its preface, "has been written for a special purpose named, to give to the student and physician a condensed, reliable manual on Physical Diagnosis. The arrangement is original, the illustrations drawn specially for it, and itself a success, in evidence of which are many letters received from prominent practitioners, and the fact of its being placed upon the list of text books of the University of Pennsylvania Medical Department." The book compares very favorably with the much quoted work of Loomis, which in comparison to it is a mere skeleton. The introductory chapter discusses very fully and clearly the outlines of the subject, and gives some excellent hints. The book is divided into two parts; part first being devoted to the general subject of "Physical Diagnosis" proper, and part second to "Diseases of the Heart and Pericardium." The first chapter of the first part takes up the methods of diagnosis, discussing them in a pleasant, easy style, which seems natural to the author. The second chapter discusses very fully, for the size of the book, auscultation and percussion. Chapter three deals with the principles of classification of pulmonary

diseases, and with croupous and catarrhal pneumonia. Chapter four takes up sub-acute and chronic consolidation. Chapter five discusses auscultation in advancing consolidation. In the sixth chapter the independent modifications of respiratory rhythm are examined. The seventh chapter deals with adventitious cavities in the pulmonary substance. In the eighth chapter emphysema is discussed in its relations to physical diagnosis. The ninth chapter deals with the important subjects of râles, asthma and acute miliary tuberculosis. Lesions affecting the pleural cavities are very fully discussed in the tenth chapter; the eleventh chapter being devoted to chronic pleurisy. The twelfth chapter deals with empyema and pneumothorax, and the thirteenth chapter with malignant disease of the mediastinum. The fourteenth chapter takes up respiratory percussion. The remainder of the work is devoted to diseases of the heart and pericardium, and is very full. In comparison with the meagre volume of Loomis this modest volume looms up as an encyclopædia. Like all the works issued by Presley Blakiston it is well printed and on good paper. The fact of its being placed on the list of text books of Jefferson Medical College is evidence only of the fact that the author has some social influence.

WALSH'S PHYSICIAN'S COMBINED CALL-BOOK AND TABLET, from 18— to 18—. Fifth edition. Published by Ralph Walsh, M. D., Washington, D. C.

WALSH'S PHYSICIAN'S HANDY LEDGER. A companion to Walsh's Physician's Combined Call-Book and Tablet.

The first of these is in the ordinary form of physicians' visiting lists, but contains, in addition to the usual calendar and dose lists, a number of useful memoranda for ready reference, such as the number of drops in a fluid drachm of the various preparations, the diagnostic points in urinary examinations and the usual tests, memoranda for legal examinations, tables of maximum doses to be used with safety, list of poisons and antidotes, disinfectants, list of important incompatibles, obstetrical table, etc., etc. It also contains the fee-bill adopted by the Chicago Medical Society in 1875. Another peculiarity of the book, which may be deemed an advantage by some, is that it is not adapted to any special year. The Handy Ledger affords a

very simple and convenient method of keeping physicians' accounts. Together, they form as complete and convenient a set of books as will be required by the business of a very large majority of practitioners, and they probably are deservedly popular among the profession.

VICK'S ILLUSTRATED FLORAL GUIDE for 1882. Rochester, New York: James Vick, 1882.

Vick's Guide for 1882 appears in even more handsome garb than usual. The work itself, with its illustrations, colored plates, and directions for floral culture, is too well and favorably known to require any further commendation at our hands.

BOOKS AND PAMPHLETS.

Fordyce Barker, M. D., New York City. In the Supreme Court of the District of Columbia Holding a Criminal Term, No. 14056. The United States vs. Charles J. Guiteau. Mr. Justice Walter S. Cox, Presiding. Counsel for the Government, District Attorney, Mr. George B. Corkhill, Mr. Walter D. Davidge and Mr. John K. Porter. Counsel for Defendant, Mr. George Scoville and Mr. Leigh Robinson, November, 1881. Washington, 1881.

John C. Lester, M. D., New York City. The American Medical Digest, published monthly. Bibliography of Current Medical Literature, Abstracts and Reviews. Vol. I., Number 1. January, 1882.

UNITED STATES MARINE HOSPITAL SERVICE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service. October 1, 1881, to December 31, 1881.

Hebersmith, Ernest, Surgeon. Relieved from duty at San Francisco, Cal., and placed on waiting orders, Nov. 7, 1881. Relieved from waiting orders, Nov. 26, 1881.

Vansant, John, Surgeon. Granted fourteen days leave of absence, Oct. 18, 1881. To proceed to San Francisco, Cal., and assume charge of the service at that port, Nov. 8, 1881.

Miller, T. W., Surgeon. Granted leave of absence for seven days, Oct. 6, 1881.

Purviance, George, Surgeon. To proceed to Boston, Mass., and assume charge of the service at that port, Nov. 8, 1881.

Fisher, J. C., Passed Asst. Surgeon. To proceed to Yorktown, Va., as inspector, Oct. 14, 1881. Detailed as member of Board for the examination of keepers and crews of the Life Saving Service, Third District, Nov. 18, 1881.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

EDITORIAL CORPS:

J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

CHRISTIAN FENGER,
Surgery.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.

HARVEY W. WILEY,
Chemistry, Toxicology and Public Hygiene.

ALEXANDER J. STONE,
Midwifery.

E. C. DUDLEY,
Gynæcology.

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CHICAGO, FEBRUARY 1, 1882.

\$2.00 A YEAR

FREE TRADE IN MEDICINE.—The Medical News in its salutatory editorials as a weekly, grows exceedingly eloquent over the results of something which it calls "free trade in medicine." The following piece of spread eagleism may give an idea of what the Medical News calls the results of free trade in medicine: "Now, as all the world knows, our medical literature is the growth of this century, of indeed the last thirty or forty years, and it is being reproduced in European languages. It is also well known that certain departments of our art have been created in this country and others notably improved. Free trade in medicine appears to work well here." Now, what is this magical free trade to which these grand results are due? It is, to cite a quotation endorsed by the Medical News, leaving "the provision of competent medical advisers, so far as the central authority is concerned, to the unhampered operation of the law of supply and demand." Before examining whether these triumphs do, as alleged, result from free trade, it may be well to see whether such a condition as this, exists in the United States. Is the supply of physicians strictly in accordance with the demand? The number of physicians, regular and irregular, is twice as great in the United States in proportion to the population as it is in any other country. Does the Medical News

mean to claim that the proportion of invalids in the United States is greater than in any other country, and that invalidism is increasing faster than the population? It is obvious that the reasoning of the Medical News is sophistical, and that by the free trade in medicine in the United States, which does exist, it means the unlimited power of medical colleges to graduate whom they like, irrespective of previous education; when they like, irrespective of length of study, and how they like, irrespective of the kind of examination passed by the graduate in posse. To this kind of free trade the Medical News ascribes the present satisfactory state of medical literature in the United States.

If it be claimed that a limited free trade, for this is limited by the requirement of a diploma, can give such good results, it must clearly follow, by the same logic, that absolute free trade would be still more beneficial. Consequently if the medical literature of the United States is to be improved, all requirements of medical study should be immediately abandoned and every man allowed to practice medicine who thinks himself capable; in this event it is obvious that there would be, at least, a striking change in the medical literature. For Flint, Bartholow and other works on practice, would be substituted the light airy remarks on certain saintly oils which

grace the daily journals, and these would enlighten the Europeans as to the high state of medicine in the United States. It must be confessed in justice to the Medical News, however, that even under the present system this state of things has been attained. The medical literature devoted to describing Ayer's pills and Radway's Ready Relief has been translated into every European language. This kind of literature is perhaps that so enthusiastically referred to by the News, and these are "the developments of our art which have been created or improved in this country." If so, there is nothing further to do except to congratulate the News on its idea of medical literature, and on the fact that its position in advocacy of free trade is supported by the worst and most disreputable members of the eclectic medical press. The Review yields to no journal in its appreciation of the greatness of American medicine. It has frequently denounced the occasional tendency of Europeans to appropriate ideas first advanced on this side of the water. At the same time it has seen the evil results of the present system of medical education in the United States. The News has, like many a politician, cloaked or attempted to cloak evils by appealing to the star span-gled banner. It endorses the old flag and unlimited graduation of medical students. However gratifying to the American the fact may be that American medical literature occupies the place it does, no true American physician can help feeling pained that much of this is due purely to European stimulus, and originality in science has more foes to fight here than in countries less favored by "free trade." That Americans have done so much under such disadvantages, shows what they might do were science properly protected by law. America at a time when there was less free trade in medicine, produced giants in science, like Benjamin Rush, not to speak of others, who is still quoted with approval in Europe on almost every one of the medical sciences from clinical medicine to psychiatry.

The free trade advocated by the News seems identical in results with that practiced by Buchanan; a supply of diplomas to meet the demand. In view of this state of things the declaration that "In its management, the News will always be conducted for the advancement of the interests of the whole profession, and it shall be absolutely uninfluenced by any personal, school, or local interest; modelled on the highest type of weekly medical journalism, its scope shall be cosmopolitan and its character national," can be only regarded as metaphorical, unless by the interest of the profession, the News means the interest of certain low-grade medical schools.

RELIGIOUS BELIEF AND INSANITY.—A Connecticut jury set aside a will which had been made by a spiritualist. The ground of this verdict was that a person who is a spiritualist is necessarily insane. The parties interested in the will appealed the case, one of the chief grounds of appeal being that the jury was composed chiefly of Congregational deacons who were prejudiced against spiritualism. The fact ought to be well realized that no religious belief, however absurd, can constitute insanity, unless that belief be followed by acts incongruous with the surroundings of the patient.

TETANUS AFTER OVARIOTOMY.—Dr. J. M. Bennett (Lancet, December 3, 1881,) has recently had under observation a case in which tetanus came on sixteen days after an ovariectomy. The disease was treated by atropine, quinine, physostigma, chloroform, morphine and nicotine, but the patient died eighteen days after the operation. Cases of this kind are exceedingly exceptional.

ERRATUM—Into the very interesting paper of Dr. F. C. Hotz in the January 1st number of the Review there crept the somewhat serious typographical error of "facial" for "pharyngeal." It is much to be regretted that so lucid an article should have been, however slightly, thus marred.

FEMALE PHYSICIANS IN RUSSIA.—According to a daily journal, medicine is much studied by the middle-class women of Russia. Each year seventy female students are admitted to the medical college, and twice that number apply for admission. The examiners endeavor to stop this oversupply by raising the examination fees and by increasing the severity of the examinations, but the number of applicants increases. Of the nine hundred and fifty-nine female students who have attended the medical lectures, only four have been implicated in political troubles, while of the two hundred and eighty-one women who have been graduated and the one hundred and fifty-two who have been permitted to practice, not one has been arrested. During the Russo-Turkish war twenty-five female physicians were sent to the front. Their devotion to the wounded attracted the attention of the late Czar, and many of them were decorated with medals for valiant services.

CURING BY PRAYER.—It appears that the "Peculiar People" of England, who reject medical attendance and rely solely on prayer and in consequence are so frequently before the magistrates, are not without imitators in the United States, according to a local journal. The wife of a well-to-do farmer of Chatauqua County, New York, was attacked by fever. Her husband would not have a physician. He said that the disease was sent upon his wife as a judgment for his sins, and she could only recover through his doing penance and praying for forgiveness. His father and three neighbors agreed with him. The five men surrounded the sick woman's bed, and for three days remained in constant prayer for her recovery. None of them took nourishment during this time, nor gave any attention to the wants of the sick woman, who was delirious. At the end of three days other neighbors forced their way into the house, and the husband was arrested and placed under bonds to give his wife proper care. She died soon afterward. The

husband is to be held responsible for his wife's death. If the husband had called this system of treatment, as many such enthusiasts have done, "theopathy" and claimed it as a special medical system, could he have been interfered with? Or, supposing that he now claims these performances were part of his religious belief, can he be punished? It will readily be seen that the question of this man's punishability for the death of his wife will not easily be settled, even if his sanity is not called into question. If the question of insanity be raised, it will require much more than this single act to demonstrate its existence, for this differs in no way from the actions of the "Peculiar People" of England already alluded to, and is the natural logical outcome of beliefs held by many religious people of perfect sanity.

SCIATIC NERVE STRETCHING IN EPILEPSY—Dr. Panas (*Journal de Médecine et de Chirurgie*, January, 1882,) has recently reported a case of sciatic nerve stretching in neuralgia with local epilepsy of the lower extremity, following upon a knife cut which had partially severed the sciatic nerve and produced a neuroma. After the wound had healed, the muscles of the leg and foot remained paralysed and deprived of sensibility. Several months after, the limb became the seat of violent neuralgic pain, and convulsive attacks. In spite of all treatment the pain persisted and the patient demanded amputation of the affected limb. The operation of nerve stretching in lieu of this was performed with Listerian precautions, and was successful.

CHLORAL ENEMATA IN VOMITING OF PREGNANCY are claimed by Dr. Vidal, of the St. Louis Hospital, Paris, (*Paris Médicale*, November 12, 1881,) to yield good results. Fifteen grains of chloral hydrate are given by enemata twice daily, an hour before meals, in half a pint of infusion of orange leaves. Dr. Dussaud, of Marseilles, claims similar good results from a like course of treatment.

VACCINIA.—The following case recently came under the observation of the therapeutical editor of the Review: A man aged forty-eight was vaccinated; about a week after, the patient had constitutional symptoms resembling those of variola, lasting however but a day. An eruption made its appearance on the forehead and neck which ran the usual course of a vaccine eruption, attended by slight pitting. One of the man's children was vaccinated from the pustules on the neck, and the vaccination following this ran its usual course.

MEDICAL REWARDS IN CHINA.—A daily journal says that when the late Empress of China had recovered from her former serious illness, some half a dozen surgeons, chosen by Governors of provinces, and sent to Peking according to imperial instructions, to attend upon her Majesty, were to be rewarded by various appointments. One, it is announced, is to be made a *taotai*, or intendant of circuit, another a prefect, another a district magistrate, and so forth. "This," says the Shanghai Courier, "is very much as if after the recovery of the Prince of Wales from his historic illness, Sir William Jenner had been made a County Court Judge, and Sir William Gull appointed a "stipendiary magistrate."

MYXŒDEMA.—Dr. R. J. Lunn (British Medical Journal, December 24, 1881,) recently reported to the London Clinical Society two cases of this disease, one a man aged forty-seven, and the other a woman of forty-five. The man had delusions, the woman had not. Drs. Cavafy and Ord cited three additional cases. In the discussion Dr. Mahomed desired to allude to a different explanation of the disease from that usually given: Were they not really cases of chronic Bright's disease? In many cases of chronic Bright's disease there was an absence of œdema, but in others there were all the symptoms of myxœdema without albuminuria, but with high arterial pressure. In one case of myxœdema the

subcutaneous tissues had been found not to contain mucin. Some cases resembled chronic Bright's disease without renal symptoms, as described by Gull and Sutton. In the twenty cases of myxœdema thus far published, the urine in three was not noted; of the remaining seventeen ten had albuminuria, and four of these died. Their kidneys were affected, heart hypertrophied and artery walls thickened. The lesions of the cord were doubtless due to myelo-myxœdema. In all four fatal cases Bright's disease was present. This argument cannot be said to be conclusive. There is no doubt that in many cases of myxœdema the lesions found are not those resulting from Bright's disease; it is just as probable an explanation to refer the Bright's disease to the myxœdema as vice versa. At the same time it must be confessed that the existence of arterio-capillary fibrosis of Gull and Sutton seems to hint at the possibility of a similar explanation of myxœdema to that of Dr. Mahomed.

WOUNDS OF THE AORTA.—At the November 25 meeting of the Vienna Medical Society, Dr. Tillner (*Allgemeine Wiener Medicinische Zeitung*, November 29, 1881,) exhibited an aorta which had been wounded by a cut extending from beneath the right clavicle through the pectoralis major and the second intercostal space, into the aorta, in which an aperture existed about an inch above the valves. This aperture was about four millimetres in length. The aorta was somewhat atheromatous. The man lived sixteen days after the injury, then dying from pericarditis. Dr. Chiara believed that even a spontaneous rupture might heal, and cited a corroborative case. In the present instance, the smallness of the wound, the atheromatous degeneration of the artery, a slight retraction of the inner coat and possibly plugging by the pericardial covering may explain why life was so long prolonged with this injury. The case is evidence of the fact often ignored that few injuries are absolutely fatal.

PANCREATIC ABSCESS FROM A LUMBRICOID.—Dr. John Shea (American Medical Weekly, January 14, 1882,) reports the following curious case. A woman aged twenty-nine had had good health till fifteen months before coming under observation, when she felt pain in the region of the liver, slight at first but increasing later, and of a shooting character. Her appetite was bad, urine normal, bowels regular, and fæces dark. She had poor living for some time previous. When first seen she complained of considerable tenderness over the gall-bladder, was slightly jaundiced, and had been so for about a fortnight. She slept badly, and had some cough. On examination the lungs and heart were normal. She rapidly improved under treatment with alkaline mixture, with pills of euonymin and henbane, and on May 24 got up at her own request, and she went out into the grounds on the following day. By May 31, she appeared quite convalescent, though a little weak. On June 3 she was not so well, and had had no sleep during the night; pain had returned over the gall-bladder, and there was nausea. In the evening there were pain and sickness, with vomiting of dark bilious matter. The patient was again distinctly jaundiced. She was treated by sinapisms and effervescing medicine. The bowels were freely open, but without effect. She was worse during the night, the breathing gradually got short and difficult, and at five o'clock on the morning of June 4 she lapsed into unconsciousness. Sinapisms were applied, and beef tea and brandy enemata were administered. She remained all day, with feeble pulse, in the same condition, and died without rallying next day at noon. On the autopsy, the body was found to be fairly nourished and distinctly jaundiced. The lungs were slightly congested at the base. Liver large, pale, and soft. Pancreas enlarged and hard, being the seat of an abscess containing pus. A round worm seven inches long was found folded upon itself, lying in and obstructing the pancreatic duct, the larger portion of

the worm being in the duodenum. The intestines were healthy. No other worms were present, and none were known to have been passed previously. Heart somewhat large and fatty. Kidneys pale. Cases of this kind are very exceptional. The relation between the worm and the abscess is not certainly established.

ADMINISTRATION OF TURPENTINE.—Turpentine, which is often of value in typhoid and other adynamic fevers, is a very difficult remedy to administer. Stokes (Lectures on Fever) used to administer it in combination with egg-nogg. The *Courrier Médical* proposes the following formula which, it claims, destroys the taste and odor: Essence of turpentine, two drachms; sulphuric ether, forty-five minims; these should be thoroughly mixed, after which an ounce of orange flower syrup and four ounces of water are to be added. Of this mixture a dessertspoonful should be given every two hours, or according to the indications.

PHOSPHORUS POISONING.—Dr. M. S. Danillo (Archives Générales de Médecine, January, 1882,) comes to the following conclusions respecting the patho-anatomy of the spinal cord in poisoning by phosphorus: First: Changes in the spinal cord from phosphorus intoxication belong among the myelitides. Second: In acute phosphorus poisoning, the central nervous system contains only dépôts of pigment of hæmatic origin. Third: Large doses of phosphorus give rise to a central myelitis involving the entire length of the cord, with extravasation and pigmentation. Small and frequently repeated doses occasion a diffuse myelitis. Fourth: Certain nervous phenomena observed during life as consequences of phosphorus intoxication, result from either one of these types of myelitis. In cases of poisoning by phosphorus, attention has been chiefly devoted to the liver, but these observations would seem to show that the central nervous system also requires extended chemical examination.

IOWA STATE MEDICAL SOCIETY.—The thirteenth annual session of the Iowa State Medical Association convened in Odd-Fellows Hall, Des Moines, Iowa, at ten o'clock January 25. The meeting was called to order by President T. J. Caldwell, and prayer was offered by Bishop Hurst. The morning session was occupied by routine business, and at 2 o'clock in the afternoon the president delivered his annual address. Papers were read upon "The Plea of Insanity," by Dr. A. R. Reynolds, of Clinton; "A Small-Pox Hospital," by Dr. R. J. Farquharson, of Des Moines; "The Disappointment of Country Physicians in the Practice of Gynecology," by Dr. J. Williamson, of Ottumwa; and "Inversion of the Uterus," by Dr. J. A. Blanchard, of Des Moines. Forty-one new members were admitted. Papers read January 26 were as follows: "Management of the Newly Born Child," Dr. G. W. Beggs, Sioux City; "Microscopy," Dr. J. J. M. Anger, Fort Madison; "Operative Procedures," Dr. C. M. Hobby, Iowa City; "Local Treatment of the Mucous Membrane of the Air Passages," Dr. G. H. Hazen, Davenport; "Life, What is it?" Dr. J. B. Gorrell, Newton. A large number of papers were read by title, and will appear in the printed proceedings. The state association now numbers over four hundred members, and this is its largest and most successful meeting.

OPHTHALMIC MIGRAINE.—Dr. Féré (*Revue de Médecine*) recently described a condition which he calls ophthalmic migraine, and which he claims is characterized by the appearance of a luminous spectre sometimes colored, sometimes not; perhaps for this may be substituted the disappearance of a part of the visual field. Either of these visual phenomena is preceded by a headache generally attacking a limited space of the temporal region, whence it spreads so as to involve nearly half the head on the side on which the visual phenomena are most marked. The cephalalgia terminates by nausea, followed fre-

quently by vomiting. Certain vaso-motor phenomena at times present themselves, and Dr. Féré claims that at times even cerebral symptoms, such as localized lesions of sensibility and motility, and temporary impairment of speech are present. It is probable that under this term, ophthalmic migraine, Féré has confounded certain badly observed cases of epilepsy. In the conclusion of his article he hints at the possibility of such an explanation.

TARTAR EMETIC IN CHOREA.—Dr. Malherbe, Nantes, France, (*Journal de Médecine de l'Ouest*) claims that recent experiments with tartar emetic in the treatment of chorea have led him to believe that the use of emetic doses of this substance is of great value in the treatment of the disease. He gives at the same time rather large doses of morphia. Any drug that will make a profound impression on the nervous system is likely to be of value in chorea, but the use of morphia in the diseases of childhood is attended by great risks.

ARSENIC POISONING.—Dr. N. Popoff, after a series of experiments in Mierzejewski's laboratory, (*St. Petersburg Medicinische Wochenschrift*, No. 33, 1881,) comes to the following conclusions respecting arsenic poisoning: First: That arsenic may, within a few hours after its application, cause an unmistakable alteration of the spinal cord, which may manifest itself either as myelitis centralis acuta or poliomyelitis acuta. Second: That in more chronic cases an inflammation may result, not only of the gray substance but of the white also, constituting a diffuse myelitis. Third: The peripheral nervous system is unaffected in those cases in which death occurs within three months after the reception of the poison. Fourth: That the paralyzes from arsenic poisoning are of central origin. He has had similar results with lead, and believes that in long continued metallic poisoning, alterations in the spinal cord are very likely to occur.

TREPHINING IN SKULL FRACTURE.—Dr. Duplay (*Archives Gènèrales de Médecine*, January, 1882,) comes to the following conclusions respecting fracture of the skull, and trephining therefor: First: That far from adding to the gravity of a wound of the skull with limited circumscribed depression and fracture of the internal table, trephining is an operation inoffensive and antiseptic in character. Second: Trephining is a simple operation which does not require rules for guidance other than those resulting from circumstances. It is a "cleaning up" which has the advantage of transforming a complex, not easily manageable wound, liable to gangrene, into a simple aseptic wound which can be easily treated. Third: The study of the depression may lead to some knowledge of the adjacent osseous lesions. Fourth: The comparison of the osseous lesions thus diagnosed and the functional symptoms observed may lead to the recognition of the nature and seat of the cerebral alterations of which the osseous lesions are the cause, and the functional troubles the result. In all skull injuries the fact should not be forgotten that an insidious meningeal change may be set up which would be likely to lead to serious consequences.

DIFFERENT STATES OF PEPSIN.—Late researches tend to show that the species of ferment contained in the mucous coats of the stomach and known as pepsin exists in two states; one readily soluble and the other almost insoluble. This fact is shown by digesting a mucous membrane with hydrochloric acid to extract the pepsin. At first a large quantity is obtained; this is the soluble variety; afterward by repeated digestions still other quantities of pepsin are set free; this is the insoluble variety. The insoluble variety exists already in a state of combination, from which it is set free by the acid. For this form of pepsin the name propepsin has been proposed. According to Schiff, the breaking up of this propepsin is hindered by sodium

carbonate. Chittenden is of the opinion that this pepsinogen is an intermediate product in the metamorphosis of the protoplasm of the secreting cell. Being difficultly soluble it may serve the purpose of a reserve fund from which at any time pepsin can be liberated by gastric juice.

FALSE PREGNANCY AT TERM.—Dr. Rendu (*Le Concours Médical*, November 19 1881,) reports the case of a well built, hitherto healthy girl of seventeen, whose menses ceased on the fifteenth of February, and during the succeeding four months the usual symptoms of pregnancy, extending even to apparent movements of the child, made their appearance. The patient being apparently in labor about the nineteenth of November, sent for a midwife. The midwife obtained assistance from the midwifery clinic of Lyons, whereupon it was found that the case was one of spurious pregnancy. Upon this state of things being communicated to the patient, the symptoms of pregnancy disappeared and she immediately began to recover. Cases of this kind are not rare, but are sufficiently uncommon to be of interest.

FIDDLE-STRING AS A BOUGIE.—Dr. F. E. Daniel, Jackson, Mississippi (*American Medical Weekly*, January 14, 1882), failing in a case of very tight stricture to pass into the urethra the smallest ordinary bougie, used in the emergency a small fiddle-string. This passed in readily. Being withdrawn in a few minutes it was found to have swollen to nearly twice its previous size. A larger one was then passed and allowed to remain fifteen minutes; this being then withdrawn, the urethra was sufficiently dilated to get in a No. 4, then a No. 6 bougie, and finally a flexible Nélaton's catheter, threaded on a fiddle-string. A second case was equally satisfactory. Dr. Daniel claims for the fiddle-string (catgut), cheapness, simplicity, harmlessness, availability, strength, and rapid expansion. This expedient has been tried by other physicians without the good results of Dr. Daniel.

PEPSIN CELLS.—There are two kinds of cells in the mucous coat of the stomach, viz.: the chief, or "Hauptzellen," and the secondary, or "Belegzellen." Physiological chemists are now of the opinion that pepsin is found alone in the Hauptzellen. In the Belegzellen is found the source of the digestive acids. The two classes of cells deport themselves differently with reagents. With hydrochloric acid for instance, the central cells at a temperature of 40° C. are quickly broken up, while the secondary or ovoid cells only swell and grow more transparent. During fasting the cells change both in form and composition. During a hunger period the central cells of the cardiac region, preserved in alcohol and examined in glycerine, are large, transparent, and with exception of the nucleus, very faintly colorable with carmine, while during digestion they are contracted, turbid with small particles of matter, and are deeply colorable by carmine. The matter from which the pepsin or propepsin is formed in the central cells is supposed to be the generally albuminous matter of the protoplasm.

THE TEETH IN DIABETES.—Dr. Magitot has (*Journal de Médecine de Bordeaux*, January 1, 1882) after an examination of many diabetics, come to the following conclusions: First: Examination of the mouths of diabetics furnishes a constant symptom of the disease. Second: This symptom is a lesion of the alveolar border which may be designated as an alveolar osteo-periostitis. Third: This manifestation appears at the onset of the disease, persists during its course and can, in consequence, be considered a pathognomonic symptom. Fourth: This alveolar affection, considered as a symptom of diabetes, presents three periods. Its first period is that of simple deviation of the teeth. Its second period is that of loosening of the teeth and alveolar catarrh. Each of these periods is in relation to the phase of the constitutional disease. The third period, that of the fall-

ing out of the teeth, corresponds to a more advanced state of glycosuria. Beside this last symptom there may occur, if the patient lives long enough, an osseous resorption which may, or may not, be consecutive to a gangrene of the gums. The appearance of this latter complication is evidence of a critical stage of the disease, as it ordinarily ushers in its fatal termination. The value, as a symptom, of the first stage of dental changes, remains to be determined. It must be obvious, however, that it can only occur in the more chronic forms of glycosuric diabetes.

CHLORATE OF POTASH POISONING.—Dr. Brouardel (*Archives Générales de Médecine*, December, 1881,) reports four cases of chlorate of potash poisoning. To each of four children a solution of from one hundred and twelve grains to one hundred and twenty-seven grains had been administered by teaspoonful doses every ten minutes, during periods of from three to nine hours. Death rapidly followed. The symptoms were bluish spots on the cutaneous surface, gastro-intestinal troubles and finally collapse. Cases of this kind are becoming somewhat frequent.

ANTISEPTIC TREATMENT OF PHLEBITIS.—Dr. Demons (*Journal de Médecine de Bordeaux*, December 18, 1881,) had recently under observation a man who attempted suicide by opening the veins at the elbow with a razor. The excessive hæmorrhage required the tying of four venous ends in the wound. Two days after, alarming symptoms made their appearance which led to apprehensions of phlebitis. These symptoms increased day by day. Dr. Demons then opened the affected veins, washed them first with a weak solution of chloride of zinc, and then used the Lister dressing. The following day there was a marked improvement in the patient's condition, the symptoms of purulent infection diminished, and finally disappeared. The patient was then attacked by pneumonia, but recovered.

THE WARREN TRIENNIAL PRIZE Committee offers four hundred dollars for the best essay on "Chronic Bright's Disease (parenchymatous and interstitial nephritis); the Nature and Mutual Relations of the Disturbances of the Circulatory and Secretory Organs." The essays should be sent to the Resident Physician of the Massachusetts General Hospital, Boston, on or before February 1, 1883.

AMERICAN MEDICAL DIGEST. — This monthly journal purports to be a digest of current literature. It is under the editorial care of Dr. John C. Lester, of Brooklyn, who is to be aided during the coming year by Drs. Skene, Matthewson and Shaw, of Brooklyn, and Drs. Sturgis and Fox, of New York. The selections on which the success of the journal must depend, it not being devoted to original contributions, appear to have been made with care and discretion. It presents an excellent appearance typographically.

FREE ACID IN THE STOMACH.—So many physicians are still impressed with the idea that the free acid of the stomach is lactic, that it appears proper to give results of some of the later researches on this important subject. As early as 1824, Prout ascribed the acidity of the stomach juices to free hydrochloric acid. A few years later such eminent authorities as Lehmann and Lassaigne denied this hypothesis, and gave lactic acid as the true cause of acidity. Blondlot claimed on the contrary that it was due to the presence of acid calcium phosphate, and that common salt was decomposed in the coats of the stomach into sodium hydrate and free hydrochloric acid, a supposition contrary to all the principles and possibilities of chemistry. Carl Schmidt in his truly classical work "Verdauungssäfte," has shown, however, that the old idea of Prout was essentially correct. In carnivorous animals the stomach acid is always hydrochloric, while in the case of herbivorous animals, a little lactic acid is

found, derived doubtless from the starch of their food. The only very recent investigations which seem to controvert Schmidt's statements are those made by Von Velden in *Zeitschrift für Physiologischen Chemie*, Band III, 205. Von Velden failed to find any free acid in the human gastric juice until some time after digestion had begun, although the juice gave a strong acid reaction. This fact, if it prove to be a fact, would tend to prove that the acid at first existed in an acid salt, and only became free in from one to two hours after feeding. With regard to the source of the acid in the blood there is nothing much better than mere hypothesis. It has been supposed that the hydrochloric acid came from the decomposition of the chlorides of the blood in the mucous cells; from the action of albumen in the chlorine compounds, and from the decomposing action of acid sodium phosphate on calcium chloride, small quantities of which are known to exist in the tissues of the body. The reaction last indicated could take place as follows: $3 \text{ Ca Cl}_2 \times 2 \text{ Na}_2 \text{ HPO}_4 = \text{Ca}_3 (\text{PO}_4)_2 \times 4 \text{ Na Cl} \times 2 \text{ HCl}$. While it is pretty well established that the free acid of the stomach, especially in flesh eating animals, is hydrochloric, it must be confessed that very little is definitely known of its genesis. Until some positive demonstrations are made it will be well to regard all theories as tentative.

MANIA FROM TYPHOID FEVER.—Dr. W. H. Daly (Medical News, January 21, 1882,) reports a case of maniacal excitement coming in a typhoid patient whose temperature reached 105° . The case was clearly not one of delirium. The treatment consisted chiefly in cold baths. The patient recovered after two months' illness. The doctor is a little awry on nomenclature. He calls the case "aggressive mania," simply because the patient made attacks on the nurses. This was certainly uncalled for, to say the least. There is a too general tendency to accumulate names unnecessarily. This complicates the subject.

GLYCERINE IN PHTHISIS.—Dr. Jaccoud (American Medical Weekly, January 7, 1882,) claims good results from the use of glycerine during the non-febrile period of common phthisis, when cod liver oil is no longer tolerated. He recommends the following mixture, which should be taken in the course of the day, either with or between meals: Rum or cognac, ten grammes; glycerine, forty grammes; peppermint oil, sufficient to flavor. This mixture is agreeable to the taste and well tolerated by the stomach; even after several months it induces neither satiety nor disgust. The quantity is sufficient for one day, but in cases which present no sign of abnormal excitability of the nervous system or heart, the dose of glycerine may be gradually increased to fifty-five or sixty grammes per diem. Glycerine in combination with port wine has long been used in the public institutions of New York, but the results of its use have not been very striking, and the beneficial effects claimed for the present mixture are doubtless due to the cognac or rum in it. It may, therefore, be not unworthy of trial in cases of phthisis.

INDEX OF DISEASES.—As a guide to the readers of the Review this has been compiled. The idea in connection with journalism is somewhat original. The advantages of such an index scarcely need be mentioned. There have been during the year eleven references to cardiac affections; forty-seven to constitutional affections; six to diseases of the ear; thirteen to diseases of the eye; twenty to the non-infectious fevers; fifteen to genito-urinary diseases non-venereal; nineteen to diseases of the intestines; twenty to kidney diseases; six to diseases of the liver; ninety to nervous diseases; ten to diseases of pregnancy; sixty-four to pulmonary and throat diseases; sixty to skin diseases; ten to stomach diseases; sixty-six to surgical diseases; twenty-five to diseases from toxic causes; twenty to venereal diseases; and ninety to diseases of a zymotic character.

LOCAL.

THE MICHAEL REESE HOSPITAL.

The new Reese Hospital, which has now been open a number of weeks, deserves more of a notice than we have yet been able to give it. To those still unacquainted with its location, we would say that it is at the foot of Twenty-ninth street, on the lake shore. The lot, which is at present not quite as attractive as it might be, will undoubtedly be beautified during the coming spring. The buildings proper, with the equipment of handsome furniture, have cost about one hundred thousand dollars. The control of the institution is vested in the Hebrew Relief Association of this city, nevertheless, the hospital is thoroughly non-sectarian, and its doors open to all. It is intended as far as may be that it shall pay its own expenses, so the usual hospital rates are charged; viz., seven dollars a week in the wards, and fifteen to twenty dollars for a fine private room. Charity patients are admitted to a reasonable extent.

In everything that goes to make a hospital complete in itself, this one is most superbly supplied. The employes are only those thoroughly trained. The diet list is excellent. All the little appliances that may add to the comfort of the patient, are found in numbers. The general arrangement of the building is such that sunlight and fresh air are supplied in copious abundance. Large, roomy piazzas, housed in with glass, and warmed when necessary by steam, give the patients the beauties of out door life without its exposures. The plumbing and sewerage are of the best. The whole building is exceedingly attractive from the outside, and is even æsthetic in its internal finishing. The drug-room is as complete in its furnishings as the best drug-store in the city, and is under the direction of Mr. Weatherlee, who is a most competent apothecary. The wards and departments are connected together by telephones.

Taken together with its medical and surgical armamentarium, the hospital far

excels any we are acquainted with, at least, west of the Alleghenies. And it is of the technical appliances that we wish to speak at some length. In the first place, an exceedingly cozy operating room is one of the great attractions to the professional visitor. Here is found a model operating table constructed under the direction of Dr. Schmidt. The medical board had placed at their disposal the sum of seven thousand dollars for the purchase of instruments and appliances. Most of these were imported, free of duty, thus saving a large percentage of their usual cost. Among these we noted the following: A large machine for administering compressed, rarified or medicated air inhalations. To this alone one small room is devoted. A small bath room, off the operating room, is assigned for the electric bath. Another small room, lined with cases, is used for storing the surgical and antiseptic dressings and splints, which are found in every conceivable variety.

On the first floor is the "physicians' room," where several large cases contain the finest display of surgical instruments belonging to a single institution that we know of. Almost everything contained in the catalogues of the foreign instrument makers is here to be found, including a fine Hartnack microscope with full set of objectives. A few instruments deserve special mention: Among them a polygraph made by Roth, which registers pulsations, respirations and seconds of time. Here is found one of the new Leiter electro-endoscopes with specula complete for every cavity of the body. By aid of the electric light and its complicated mechanism, constructed with painstaking ingenuity, one may examine the ear, anterior and posterior nares, pharynx, larynx and trachea, oesophagus, stomach, rectum, vagina, uterus, urethra and the bladder. The Leiter leaden tubes for hot or cold local applications, are supplied in profusion. In fact, every department is so well supplied that one finds here an embarrassment of riches, so to speak.

The medical wards are under charge of Dr. Mannheimer, the gynæcological under that of Dr. Banga. Dr. Gradle is the attending oculist and aurist, and the surgical wards are under the general supervision of Dr. Ernst Schmidt, while Dr. Roswell Park is his assistant in active charge.

It is desired to announce herewith, that an out door clinic for surgical cases, under the care of Dr. Park, will be held on Mondays at 11 A. M. Whatever benefits are to be derived from the extensive hospital armamentarium will thus be made free to the deserving poor, and any operation which does not necessitate subsequent stay in the hospital, will be performed.

To Drs. Ernst Schmidt and M. Mannheimer, the Michael Reese Hospital owes its prosperity, and, it might almost be said, its existence. These gentlemen have been from the first indefatigable in their endeavors to secure the establishment and proper endowment of the hospital.

CHICAGO MEDICAL SOCIETY.

Owing to "stress of weather," this Society held no meeting on the evening of January 2.

At the January 16 meeting, a paper was presented by Drs. Chr. Fenger and E. W. Lee, entitled "The Opening and Drainage of the Large Joints in Suppurative Synovitis." Suppurative synovitis, said the authors, used to be regarded as a disease dangerous to the joint involved, the limb and even the patient's life. Dieulafoy's capillary aspirator ameliorated the condition somewhat and in certain cases, but it was not until the advent of Listerism that it was possible safely to open and drain the joint, with a reasonable hope of leaving the patient a useful limb. Schede was the first to report cases of suppurative synovitis treated by incision and drainage. Three of the five cases he reported recovered, one result was undecided, and the fifth died from some other disease.

The more superficial joints have naturally been the first to be operated upon in this way. The experience of the authors in

cludes only the knee and ankle joints. Two cases of opening of the knee joint were then reported. The operative procedure in each consisted of making an incision on each side of the patella, insertion of drainage tubes, thorough washing out of the synovial cavity and application of Lister dressing. In the first case the temperature at the time of operation was 105.2° , and the pulse 160. Within twelve hours after the temperature fell 4.2° . No subsequent rise in temperature could be attributed to the knee-joint, but was rather due to a thrombosis, which set in two weeks after the operation. The pain in the joint ceased at once, and the patient recovered with a partially movable joint. In the second case the result was a perfectly movable joint.

The ankle joint is less favorable for drainage than that of the knee, on account of its anatomical conditions. Three cases of drainage of this joint were reported. The operation consisted of an incision just anterior to the external malleolus, a counter incision at the anterior border of the internal malleolus, and the insertion of a drainage tube. In subsequent operations the authors intend also to pass a drainage tube through the posterior side of the joint in a similar manner, thus ensuring more perfect drainage of the joint. The result in the first case was cessation of pain, but there was still stiffness of the joint, due, as the authors think, to imperfect drainage. The second case showed a like cause. In the third case the operation relieved the pain and reduced the fever, but it was impossible to save the joint, and so excision was made. In conclusion, the authors stated that the operation was free from danger when performed with antiseptic precautions, and that it is a surgical measure from which benefit alone can be derived.

The paper was discussed by Drs. Park Tilley, Paoli, Verity and Allport. Dr. C. E. Davis was then delivered of a lecture eulogistic of Eureka Springs, Arkansas, the beauty of its location, the purity of its air

and water, etc., illustrated with stereoscopic views, plans, maps, and specimens of water.

Drs. C. W. Johnson and W. L. Dorland were elected members. The names of Drs. H. Ogden and Wm. Reinhold were proposed for membership. The society then adjourned.

SINAPISMS have been used in a Montreal Orphanage to punish children.

DR. Theodore Schwann, a Belgian physiologist, died January 19, 1882.

KISSING IN DIAGNOSIS.—A local paper says that Dr. Dimond made an "osculatory" examination of Guiteau.

MEDICAL FAME.—The Andalusia (Spain) *Medicale* says that the autopsy upon President Garfield was made by Dr. Long Branch.

PASTEUR has been elected one of the "Forty Immortals" of the French Academy, an honor denied Napoleon III., at the time he was Emperor.

MR. BERGH has written a screed against vaccination on the ground that it is cruelty to the animals from whom the vaccine matter is obtained.

DR. BRIERRE DU BOISMONT, one of the leading alienists of France, well known by his researches on hallucinations, died in Paris, December 24, 1881.

AN OFFICIAL VARIOLA EPIDEMIC.—The National Board of Health has declared the small-pox epidemic in the United States, and has ordered an inspection of the various quarantine stations. This action of the Board is, all things considered, certainly a very tardy procedure.

NAPELLINE, according to certain recent researches, seems destined to be a valuable hypnotic. Laborde (*Annales Médico-Psychologiques*, January, 1882,) has found it to produce calm slumber in animals. In man it has been tried in doses of nine-tenths of a grain, in facial and intercostal neuralgia and sciatica with very good results. The alkaloid is amorphous and easily soluble in water, alcohol or ether.

ORIGINAL CONTRIBUTIONS.

*MEDICO-LEGAL RELATIONS OF EPILEPSY.**A Study of the Hayvren-Salter Homicide.*

BY JAMES G. KIERNAN, M. D., CHICAGO, ILL.

The position which the law holds respecting epilepsy is, like that which it holds on any individual psychosis, a most doubtful one. Epileptics are, of all classes of the insane, those to whom the absurd right and wrong dictum of the law does most injustice. An epileptic may perform an act apparently premeditated, and may appear to know the exact legal consequences of his act and yet the act be the direct result of the disease. Even in some of the lower mental states there is an apparent premeditation that to the law lords would, from their a priori ideas and dicta, appear inconsistent with the real mental condition. In a case reported by Spitzka*, a patient, who was absolutely unconscious, and was held by three persons, his wife holding his head to prevent biting at the others, was seen "to put out his tongue, like a tentacle, to feel where a portion of his wife's hand was available for biting." This man was in a condition of complete unconsciousness, yet there were, as will be seen, skilfully co-ordinated automatic movements. When epilepsy is spoken of in connection with homicide, the first idea that strikes the amateur alienist is, was the act committed in a state of epileptic mania? for this or epileptic dementia are the only forms they recognize. This is something strange, as an old attendant soon learns to recognize the various mental disturbances of epileptics, and in my early studies I obtained hints from an old attendant on the subject that were more in accordance with the dicta of modern science than are the ordinary text books on the subject.

The demarcation which has been drawn in epilepsy by Spitzka†, Samt**, Falret‡ and Sommer*** is as follows: The pré-epileptic insanity which precedes an attack of epilepsy. The post-epileptic, which succeeds an attack. The psychic equivalent, which takes the place of a convulsion. The intervallary insanity, which comes between the attacks. These mental phenomena

may vary in duration from a few hours to weeks, and in character from a single act of violence to a long continued maniacal attack. A crime resulting from epileptic may be preceded by a feeling of depression, may be accomplished with comparative deliberation, followed by excitement. The patient may lose all consciousness of the same until a return of the insanity, when he may remember the circumstances of the crime, of which he was ignorant during the period of sanity. It is unnecessary to allude to the fact that epileptic attacks are often extremely slight.

As the crime I propose to discuss, was committed in a prison, it might be well to enquire what psychoses are ordinarily found among convicts. Perhaps the most valuable contribution to this subject is that of Heilmann*. He found that the insane criminals coming under his observation had been epileptic during childhood, and that many were not regarded as either epileptic or insane until long after their first crime, when the full history of the case was obtained. The circumstances of the crime were as follows: A convict named Hayvren murdered another convict named Salter. The deceased and the prisoner were, as a rule, good friends, but the prisoner is reported by one witness to have said "that he would never go to Kingston, and that he had stabbed Salter because Salter wanted to send him to Kingston, and that Salter would never call him insulting names again." The convicts entertain a dread of being sent to the penitentiary at Kingston, but it does not appear that there was any intention, nor had Salter any power to send the prisoner there, nor was it shown that the prisoner was called "insulting names." The murder was committed openly in presence of a number of witnesses. Hayvren had convulsive attacks of some kind during childhood and youth. Although the patient himself had been a criminal, from his youth up, of a low grade, his family are very respectable people. The deed was committed with a knife made out of an old file, a kind of weapon very common, at least in the United States, among convicts, work-house men and other criminal and semi-criminal classes under confinement. It appears from the evidence that the prisoner had abundant opportunity to commit the homicide under more favorable circumstances; that "the prisoner

* Medical Record, December 31, 1881.

† St. Louis Clinical Record, May, 1879.

‡ Etat Mental des Epileptiques. Archives Generales de Medecine, 1860-1861.

** Archiv fuer Psychiatrie, Band V und VI.

*** Archiv fuer Psychiatrie, Band XI., Heft 2.

* Zeitschrift fuer Psychiatrie. Band XXXVII., Heft 2.

stood perfectly still for a minute after committing the deed."

The defence was epileptic insanity, and the case presents many elements of interest. Dr. H. Howard, of Montreal, was the first medical expert called. He testified that the first thing which struck him was the prisoner's peculiar epileptic pallor. He at once saw the prisoner was an imbecile. From private friends, public and police reports, he found the man's conduct to have been very bad. He found the prisoner to have been an habitual inebriate from youth; constantly in prison, and, lastly, sentenced, for five years to the Penitentiary; while in the Montreal prison, previous to his removal to St. Vincent de Paul, he attempted to escape through a sky-light, by means of a small cord, which broke, causing him to fall a distance of thirty feet. It was natural for the man to try and escape from prison. The insane in lunatic asylums all over the world try every day to escape, and very frequently successfully. But the means employed for the end prove the fool. No intelligent man of the size and weight of Hayvren would venture his life with the piece of small cord which he used. In the infirmary of the penitentiary, while under medical treatment, he requested the nurse to take a club and strike him with it on the back of the head. One witness said that he (Hayvren) confessed to him that he did premeditate it; but such a confession from an insane man must be taken "*cum grano salis*." Insane persons not only accuse others but themselves of impossible crimes.

But if Hayvren did, from some supposed injury of which he was the victim, premeditate revenge upon Salter, it would be no proof that the murder was not an unpremeditated, uncontrollable, impulsive act, an impulse called into existence at the moment by the appearance of Salter, so that there would be no connection whatever between the premeditation and the act. Again, if he did premeditate the act, and was in the passage waiting and watching for Salter, with the intention of pouncing upon his victim; that would not prove that he was not insane, or that he could control his insane desire; on the contrary, it might be a still stronger proof of his insanity, that under the circumstances in which he was placed he would do an act from the fearful consequences of which it was impossible for him to escape. Every day there are examples in lunatic asylums of insane persons committing crimes, that they have

premeditated. Premeditation is no more a proof of a man's sanity, than is the right and wrong test which has so long disgraced the statute books. If the knowledge of right and wrong be the test of insanity, then one-third at least of all those in asylums all over the world should be set at large, and if giving an intelligible answer to a question be a proof of sanity then a still greater number should be discharged.

Hayvren made a poor attempt at committing suicide, showing that like all insane persons, he was a moral coward, he wanted to die or thought he did, as when he wanted the nurse to strike him on the head. Then when the kind hearted acting warden went to him for the knife after the homicide, he actually tried to get that officer to shoot him, all only positive proof, that like all insane persons, the man was a moral coward. The Rev. Father Knox, who obtained the knife from Hayvren, testified that when he saw the man in his cell he was a raving maniac. Psychologically there was not much to be observed. He spoke but little, and that little did not show intelligence. He said "there was something alive in his belly," and asked the doctor to cut it out. In reply to the question "Did he sleep?" he answered, "No, he could not sleep." He complained of being tired; he wished to sleep. The keepers in charge told Dr. Howard he was seen every half hour and whenever spoken to always answered, showing that he did not sleep. Insomnia is one of the most marked symptoms of insanity. He was very nervous and excitable, picking up bits of thread and dividing every fibre. His face and body were anæmic; perspiration was pouring from every pore, cold and clammy; his pupils were dilated and sluggish in action; locomotion was normal. His pulse was a hundred and ten; temperature 93.8°; respiration thirty-six. The radial artery could be seen pulsating. The abdominal aorta was clearly visible when he stood, sat or was in a recumbent position; this was the something alive in his bowels which he wished removed. Five days after, Dr. Howard's examination was continued. His pulse was then one hundred; temperature 92.4°; respiration, thirty-six; heart sounds at base normal, at arch of aorta, something like a bellows sound, apex of heart; first sound, strong; second, weak; the abdominal aorta, abnormal. These are frequently found in persons of an epileptic neurosis, but they may be early symptoms of aneurism. Here, however, was an ab-

normal state of the vascular system, caused probably by a fall from the roof of the prison; but whatever the cause, it might suffice to produce, at least, functional if not organic, derangement of the mental organization, to account for the man's actions. When it is considered what a weak mind he has, always had, it is easy to understand what havoc such a diseased vascular system might produce upon such a mental organization. Dr. Howard examined the nervous system by electricity and æsthesiometer, and found motility normal; the patient was found to be partially analgesic. This is one of the unfailing symptoms, always to be found in the intellectually insane; it can never be feigned, no more than can temperature, which is always below par in the insane, except where there is fear, which is by no means a symptom of insanity.

Judging the mental state of John Hayvren by his conduct, by his physiological symptoms, by his psychological symptoms, by his pathological symptoms, Dr. Howard did not hesitate to declare him to be a man of unsound mental organization; that he was intellectually and morally insane. A mere creature of impulse, and if he did kill Thomas Salter in the manner in which he is said to have done, he killed him while laboring under an insane epileptiform uncontrollable impulse, for which he was not responsible, and his mental aberration was due to three causes: Heredity; to his being an inebriate from his youth up, and third, it had been aggravated by his fall from the roof of the jail previous to his having committed the crime of which he is accused.

The use of instruments, though here justifiable, it must be confessed looks something like clap trap. Many of these statements must strike the alienist reader as being too positive, and some of them as being even slightly contradictory or fanciful. For example, the fact that the prisoner attempted to escape from the prison by such imperfect means is not inconsistent with sanity. Many desperate criminals are known to have attempted escape by similarly imperfect means. The evidence given by the witness that the prisoner said he premeditated the murder is, as Dr. Howard claimed, no evidence that the murder was not committed during an epileptic state, but at the same time it is a very suspicious circumstance where the burden of proof certainly lies on the in-

sanity theory. As Dr. Howard claims, an epileptic may premeditate a homicide, and yet carry out that homicide at a time and under circumstances which could not fail to show the homicide was then unintentional, and the direct outcome of an epileptic explosion.

Dr. Howard's statement that all insane persons are moral cowards is certainly not to be proven. Had he said many epileptics, he would have been nearer the truth. The statement about analgesia being always a symptom of intellectual insanity, is demonstrably erroneous. The statement that the man was an imbecile, and the assignment of the amount of intelligence Dr. Howard does to the prisoner, are however, not necessarily incompatible. Dr. Howard, like Dr. Nichols and others of the more scientific members of the Asylum Association, holds that imbecility is a result of teratological defect; insanity a result of pathological defect; they therefore classify the primary monomania of the Germans with the imbeciles as imbecility of the first grade; both being equally insane in the sense of the law.

Dr. Howard may have positive reasons for saying that in his opinion the temperature of the chronic insane is always below par; this has not yet been established. That in certain cases it cannot be denied, and this is undeniably the case with epileptics and paretics. Among certain of the insane and certain neurotic subjects the temperature may fall very low. Lowenhardt* reports two cases of insanity in which the temperature was at various times 87.5° F., 89.6° F. and 90.5° F.; these were cases of manical excitement. Mendenhall** cites a case of dementia in which the temperature was 90.5° F. Zenker*** has studied nine cases of insanity where the bodily heat was found to sink easily; it fell in three cases as low as 90.6° F., and in one instance as low as 87.06° F. Phenomena of this kind, from what is now known of the action of the nervous system on temperature, are nothing more than might be expected. It may therefore be admitted that a patient having a temperature below 96° not in collapse, must be assumed suffering from some neurosis presumably of a psychical kind.

Some things are to be noticed in his evidence in favor of the theory of the

* Allgemeine Zeitschrift fuer Psychiatrie, 1868.

** Medical Record, June 4, 1881.

*** Journal of Mental Science, October, 1877,

prisoner's epilepsy. First: The peculiar pallor observed by Dr. Howard. Second: The existence of neurotic symptoms, low temperature and analgesia. Third: The convulsive attacks during childhood and youth; Fourth: The patient's standing still after the attack; and Fifth: His violence coming on after the comparatively calm manner in which the crime was executed. Before discussing Dr. Howard's evidence further, it is best to examine the evidence of the other experts.

Dr. Agnus Macdonald, after having read Dr. Howard's report and examined the prisoner, testified that he entirely agreed with Dr. Howard, that the prisoner was insane when he committed the crime. Dr. F. W. Campbell next testified, and said he had made an examination of the prisoner, and that he considered him an insane man, and that he was so on the 29th of August last. He agreed in main with Dr. Howard.

Dr. Edmond Robillard testified that he was the Government Inspector of Insanity at the Montreal Jail; he examined the prisoner on the 17, 19, 20, 21, 22 and 23 September; prisoner was nervous and uncomfortable, and reluctant to converse; however, he said he did not suffer from headache; during the two or three first visits his pulse was agitated and he was in perspiration; at the end of each examination his pulse would fall to seventy or seventy-two and the perspiration would all cease, as if the fright was over; at each visit told witness he was all right, except that he had something in the abdomen which pained him; the muscular system was that of a strong man. He discovered the dilatation of the aorta; prisoner's respiration was eighteen or nineteen, and was natural; after being with the prisoner for some time he did not deem it necessary to further test it, as it was normal. All the perspiration had been caused by fright at the sight of a stranger; on being asked why he killed Salter, he always answered "I do not know," and could not be brought to speak on this question very much; at another examination he was asked him if he knew Salter was dead, and he answered he did not know.

Dr. Robillard came to the conclusion that he was a very wicked man with greatly perverted morals, and would do anything to attain his object. He did not see any symptoms of epilepsy; prisoner could distinguish right from wrong. Dr. Robillard was of opinion that half of the epileptics become

insane; uncontrollable impulses are very rarely met with in imbeciles or idiots; an epileptic does not remember what he does during one of these uncontrollable impulses. He believed that prisoner was perfectly conscious of his act, but that immediately after, he became greatly excited, and this fact moved his dormant impulses; and that the prisoner was neither an imbecile nor an idiot, but that the muddle in which he passed the greater part of his life made of him a most depraved character; Dr. Robillard would not have sent him to the lunatic asylum as insane after his examination.

On cross examination, Dr. Robillard said that he had great respect for the opinion of Dr. Howard, but he did not accept certain theories of his respecting the nervous system; Dr. Robillard did not make any examination for the partial paralysis of sensation. He found the prisoner to have an aneurism. He agreed with Dr. Howard that intellectual and moral insanity are the same, but did not believe in the theory that the mind was the product of the body, and believed that the prisoner was a man in whom all the noble attributes of man were wanting.

Dr. Pominville testified he had seen the prisoner almost daily in the Penitentiary; but had not noticed any mental derangement; the prisoner was *taciturn and morose*, but that was not extraordinary; *he was debased morally and mentally*, like most of the convicts, the results of vice; he knew right from wrong and was responsible for his acts; he was cool and collected after the murder and seemed to be looking in a looking-glass at the slight wound that he had inflicted on his throat.

On cross-examination he stated he had not made a special study of mental science; had paid attention to ordinary diseases; had never seen and would not know to use the æsthesiometer referred to by Dr. Howard; was not shaken in his belief by the evidence of Dr. Howard; could not speak as to the partial paralysis of sensation; Dr. Howard had not used these instruments when he pronounced twenty-five convicts in the Penitentiary insane. He (Pominville) had solicited a specialist to examine them. He not followed the progress of psychiatry and *did not wish to pronounce an opinion on what was termed "uncontrollable impulse," but did not believe any such thing occurred in the prisoner's case.*

He, in answer to a question by the Court, said *that he thought that on the 29th of*

June last, prisoner was sane and knew right from wrong, although, at the very moment the act was committed, he might not have thought of either; both before and after the deed he thought he was perfectly sane.

Dr. Vallée testified that after hearing all the evidence, he was of opinion that the prisoner was not insane at the moment he committed the deed, and was perfectly able to distinguish between right and wrong. A man whose temperature is at ninety-five and two-thirds must be suffering greatly; at Beauport Asylum the epileptic maniacs are considered the most dangerous; in cases of epileptic fits the impulses are momentary; the acts are automatic, violent and without motive; an epileptic man never remembers the acts he has committed; imbeciles are subject to these uncontrollable impulses. He had observed the appearance in Court of the prisoner, and found that he, as a rule, manifested a great indifference but, when pointed remarks were made, had further observed that prisoner paid greater attention. Dr. Vallée, on cross-examination, said he had studied his profession in Paris, under Professor Charcot, one of the authorities on nervous matters; in London he had attended St. Thomas Hospital; he was physician of Beauport Asylum for two years; has had occasion to use the instruments mentioned by Dr. Howard; there are insane people who appear sane to any one except alienist physicians. Insane people are sometimes endowed with cunning. Dr. Vallée's views as further given by him* are as follows: No matter how marked the depression of temperature, of itself it does not constitute a proof of insanity. Dr. Howard arrived at the conclusion that the prisoner struck the blow while under a fit of epileptic mania; and, consequently, could not be held responsible for his act. Admitting this hypothesis, the fit must have been epileptic dizziness or veiled epilepsy. Now, the unsettled state of the mind, the obtuseness of ideas, the confusion of memory, are the essential characteristics of such attack; nothing analogous can be detected in Hayven; on the contrary, every thing indicates most clearly that his crime was designed beforehand. He chose his victim, fixed his hour and, after striking down Salter, explained his reason for so doing: "You'll never call me C—S— again."

Dr. William Gardner next testified: Has practised for sixteen years, and is Professor

of Medical Jurisprudence at McGill College; has known Dr. Howard and heard him read papers on the subject of insanity; he has the reputation of knowing his subject very well, but of holding extreme views; there were no facts in the evidence to warrant the opinion that the prisoner was an epileptic maniac or imbecile, but he was certainly stupid, and of a low order of intelligence; from the evidence he has heard he would not have made such a diagnosis as Dr. Howard's, but had he done so would consider the prisoner a fit subject for an insane asylum; he himself would not have sent him to a lunatic asylum; witness is of the opinion that prisoner can distinguish between right and wrong; it is possible to be partially insane or monomaniac; insomnia is not a sign of insanity. He was of opinion that all the isolated symptoms combined would not produce insanity. In all his experience and reading never knew of a case where the temperature was so low, except in cases where death was impending. On cross-examination he said, he never was connected with an insane asylum, but has treated about thirty insane patients. Dr. Charles Cameron next testified. Had practised for eight years, five of which he passed in the Montreal General Hospital; is Professor of Medical Jurisprudence at Bishop's College. Has heard the evidence of Dr. Howard, and was of opinion that the prisoner was not insane, and has heard nothing to prove that the prisoner was incapable of distinguishing right from wrong on the 29th of June last. On cross-examination, said that he agreed with Dr. Gardner on the subject of low temperature; the lowest temperature on record is 92.2°. As a supplement to Dr. Cameron's evidence should in justice be taken the following expression of his views*. "A man must be the measure of himself; his mind must be the standard of comparison by which to determine his sanity or insanity, responsibility or irresponsibility. The only safe way in such cases is to compare the individual with his former self."

Such is the evidence given in the case. The statements of Dr. Vallée respecting the unsettled state of mind, obtuseness of ideas, confusion of memory, are true as regards many of the epileptic psychoses, but they are wanting just where they are needed, in many of the psychic equivalents of an epileptic attack. As an element of

*Canada Medical Record, November, 1881.

* Canada Medical Record, December, 1881.

differential diagnosis their value is but a very, very relative one. Dr. Robillard's statement that impulses are rare with imbeciles, using the latter term either in the sense of Dr. Howard or the ordinary sense, is not in accordance with the views held by alienists. His testimony that the prisoner was nervous and disinclined to converse and was so so frightened that his pulse and perspiration were affected, disposes of the theory that the prisoner was a hardened criminal who would commit a crime in a reckless, brutal manner. No reckless hardened criminal would act in such a manner, and no sane criminal of any other type would have committed such a desperate crime for such a more than dubious motive. What Dr. Robillard means by saying "the prisoner was perfectly conscious of his act, but became immediately excited and that roused his dormant impulses," can not well be determined, but it is obvious Dr. Robillard was endeavoring to explain some psychic phenomena of the prisoner to his own satisfaction. There is here then, first a crime performed with great calmness, then great excitement, and then very great stupidity, but it may well be asked, does not this correspond ideally with certain epileptic psychic phenomena? The meaning of the paragraph, "The muddle in which the prisoner passed the greater part of his life, made of him a most depraved character," is very obscure; perhaps it alludes to the prisoner's intoxication. It was obvious Dr. Robillard did not make a thorough examination of the prisoner, or he would have determined the same analgesia found by Dr. Howard.

According to the statement of Dr. Pominville, the prisoner was cool and collected after the murder, but was taciturn and morose naturally, and was debased morally and mentally, whatever that may mean. He evidently did not believe that the prisoner premeditated the act or he would not have said that the prisoner at the time of the act never thought of wrong or right. If he did not weigh the consequences of the act, it was not premeditated, and by this evidence the theory that the act was more than impulsive, receives a severe shock. It must be remembered in weighing the value of the statement that "Dr. Pominville never saw any evidence of mental derangement in the prisoner," that in Canada, as in the United States, politics determine appointment to medical positions in jails, and that as a rule, mental derange-

ment is not first noticed by the jail physicians, but by the keeper, who naturally requires tremendous evidence to make him believe that a convict, ill physically or mentally, is not feigning. Hayvren, however, was placed in the infirmary soon after his attempt at escape. While there he, as testified by Dr. Howard, asked the infirmary nurse to strike him in the head and made many other strange requests to this man, who said he at first thought he was joking, but finally concluded that the man was mad. These facts, however, are not proof positive, for I have known prisoners to make prison-keepers believe them insane, but there always has been some question in my mind as to the existence of epilepsy in these cases. It is, therefore, evident that Dr. Pominville's testimony is not beyond impeachment on this point.

Dr. Gardner appears from his testimony to consider the man of a low order of intelligence but not an imbecile, although even from the standpoint of a low order of intelligence he is very stupid. How this differs from imbecility, I must confess I cannot determine. Dr. Gardner's reading respecting temperatures did not embrace the *Journal of Mental Science* nor the *Zeitschrift für Psychiatrie*, nor the *Medical Record*, or he would not have made the statement that death must be impending if such a temperature existed. The same remark will apply to Dr. Cameron's evidence. As to Dr. Cameron's statement that a man must be the measure of himself, etc., a little reflection will show that while this is true in a very limited sense, considered as an absolute rule it is a failure. The primary monomaniacs are always monomaniacs and the imbeciles are always imbeciles. The attempt to compare them with their former selves is an absurdity. This idea of change of character being an absolute rule is an enormous hindrance to progress and has caused not a little injustice in forensic psychiatry. Dr. Cameron in his editorial comments, seems to have forgotten that there is such a thing as an epileptic countenance and a pallor peculiar to epileptics, and that a sound and scientific diagnosis of epilepsy might be made on this evidence, although the patient was never seen in a "fit."

Taking into consideration that this patient presented an epileptic pallor, that he had a convulsive disorder during childhood and youth, that the alleged motive was baseless, that immediately after the crime he

was at first cool and collected; standing perfectly still for a minute, and then, markedly and violently excited so that an intelligent observer (the catholic clergyman) claimed that the man was maniacal, and the subsequent stupidity, the presumption that the crime was the offspring of an epileptic psychosis seems the most probable one, but it must be admitted the case is a difficult one.

Apart from the testimony directly bearing on the case itself and from the question of temperature, the evidence on both sides was much more in harmony with the present state of medical science than the expert testimony of the more recent trials. The prisoner's statement that his aneurism was something alive which needed cutting out, was not necessarily a delusion. In a man of his intelligence, the supposition that it might be a parasite, was a not unnatural one, and the belief that it needed cutting out was fully in accordance with many popular ideas on surgery. The prisoner was found guilty and executed.

The brain presented the following features: The sylvian fissure was united with the first frontal gyrus; there was a junction of the inter-parietal with the parieto-occipital and first temporal fissures; an extension of the calcarine fissure into the scissura hippocampi; a union of the collateral and calcarine sulci, and there was a fusion of the first frontal gyrus so that there appeared to be four frontal convolutions arising from the ascending frontal or anterior central gyrus. The results of this examination have but little value from an anthropological standpoint, and none at all from the standpoint of the alienist.

EMPYÆMA WITH CONSECUTIVE CARIES OF SPINE AND RIBS.

Resection of Ribs, Drainage, Death, Autopsy.

BY ROSWELL PARK, M. D.

Demonstrator of Anatomy, Chicago Medical College;
Consulting Surgeon Reese Hospital, etc.

E. S., eight years of age. In 1877, at age of four, patient had pleuro-pneumonia, followed by partial recovery and severe relapse, with pneumonia on both sides. Following convalescence from the latter, a large induration formed gradually in the axillary and mammary regions of the left side, the side originally affected. This tumor finally opened spontaneously and

discharged at least a pint of pus. This fistulous opening became permanent. Details of his history are very imperfect, but it was evidently a case of empyæma with spontaneous opening.

This had been discharging an offensive pus for a year and a half when I first saw him. At this time he presented marked rotary-lateral curvature, being bent over to the left side. He was in very poor general health; the discharge was very offensive, and his fingers so clubbed, and his general appearance so cachectic that the prognosis was decidedly bad. I was permitted to enlarge the sinus and insert a drainage tube, but his behavior under the anæsthetic was so bad that but very little exploration was attempted. It was not thought worth while to put on a plaster jacket. Daily irrigation was ordered.

In spite of fears to the contrary he continued to hold his own, though gaining but little. In September of 1881, his condition was as follows: Spinal curvature extremely marked. Fistula about one inch to left of and below left nipple. Apex beat of heart displaced to one inch to right of right nipple. Fistula discharging same offensive pus. Left lung displaced and collapsed; but a faint respiratory murmur being heard over it, with a few fine, moist rales, and dulness on percussion. Exaggeration of respiratory sounds over right lung. General condition bad. Extraordinary "clubbing" of fingers and toes, and of extremities of all the long bones. I have never seen a case which presented this appearance in any where near such a remarkable degree.

Dr. Fenger, who kindly saw the case with me, heartily endorsed my plan of procedure, which was as follows: September 24, 1881, I operated with the assistance of Drs. Tilley, Hatfield, Pascoe, F. S. Johnson, and in the presence of several students. Chloroform with three-quarters of one per cent. of amyl nitrite, was the anæsthetic. After enlarging the original opening and introducing the finger it was found that the fistulous track led up into an abscess cavity behind the mammary and infra-clavicular regions, of an irregularly triangular shape and about the size of the palm of a lady's hand. A counter opening was made near the upper margin of this cavity; the line of incision being parallel to the ribs which were cut down upon. It was found that owing to the spinal curvature the ribs, on this side were overlapping, so that the fifth rib was

outside of the fourth, and the fourth outside of the third, instead of below. Taking care to preserve the periosteum, a portion two centimetres wide was excised from the latter, and a drainage tube was then easily carried from one opening to the other, and secured with safety pins. The whole operation was done under the spray, with full antiseptic precautions and dressings.

The wound was dressed and the cavity washed out every other day, and for some time did well. The temperature never went very high. After a month of very slow but steady gain the improvement became intermittent. For a few days there would be very little discharge; it would then become profuse and offensive, without any particular change in his appearance or temperature. About the first of December the spinal curvature seemed to increase, the patient was troubled with a hacking cough, and the discharge became free again. He continued to fail, and on December 8, died while asleep.

Post Mortem, five hours later. Caries of necks of third and fourth ribs and of body of fourth dorsal vertebra. Left lung entirely collapsed. Pyogenic cavity as described, only extending around to the carious spots, and having diverticula running up to first rib and what was the apex of the lung. Apex of heart lying two inches below right nipple. Left side of pericardium intimately blended with pulmonary pleura of collapsed lung, all identity of pericardial or pleural structure being lost. Pleura forming walls of the abscess cavity thick and leathery in appearance. Heart a little fatty, but of normal size; no valvular lesions, nor clots in heart or large vessels. Bronchial glands much enlarged. Greatest space between left ribs and spinal column three small finger breadths. Liver considerably enlarged and apparently fatty. Spleen much enlarged and granular. Kidneys normal to the naked eye.

Dr. F. S. Johnson kindly made sections for me and reports amyloid degeneration of bronchial glands and liver.

HYDRASTIN IN LARYNGEAL PHTHISIS.—

Dr. Bird (Australian Medical Journal) claims good results from the treatment of laryngeal phthisis with a spray composed of hydrastin, glycerine, borax and morphia. A combination of this kind would seem likely to be of advantage.

CORRESPONDENCE.

NEW YORK HOSPITALS—NEUROLOGICAL SOCIETY.

NEW YORK, January 24, 1882.

At the meeting of this society, held January 6, 1882, Dr. E. C. Seguin read a paper on "The Efficacy of Potassium iodide in non-syphilitic diseases of the nervous system." Dr. Seguin as a preliminary, disclaimed a belief in the specific action of remedies, holding that remedies acted upon the organism, not upon the disease. He claimed, and he is not the first neurologist to make this claim, that the fact that potassium iodide was of benefit in any disease was not an evidence of its luetic nature. He presented as evidence of this claim nine cases, divided for convenience sake into three groups. The first group was composed of cases of organic cerebral disease; symptoms of which were relieved by iodide of potassium. The patients subsequently died, and each case was supplemented by an autopsy. Of the second group, two had been cured and one relieved by the use of iodide of potassium. The third group were cases of basilar meningitis in children, accompanied by optic neuritis. These cases all rapidly recovered under the iodide.

The first case was a boy nine years old who had always been healthy. In April, 1874, he was attacked by measles. In the following month he appeared to use the right side of the body awkwardly. Finally, paresis of the right arm appeared. In August, the right arm was found to be paralyzed. Sharp pains in the head then attacked the patient, accompanied by nausea, vomiting and twitchings of the affected side; later diplopia and strabismus made their appearance. The patient's pulse was slow. When examined by Dr. Seguin the patient was conscious, had right hemiplegic palsy of sixth cranial nerve, staggering gait and at the same time optic neuritis. Blisters behind the ears and potassium iodide were ordered with good results. The patient died in the spring of 1880, and on autopsy a sarcomatous tumor was found pressing on the left crus cerebri and left side of the pons. The fact appears to have escaped Dr. Seguin's recollection that many cases of cerebral tumors have remission of the symptoms, and that the supposed beneficial effect of the iodide might have been due to such a remission.

The second case of the first group reported by Dr. Seguin, was a boy who had been under the charge of Dr. Malcolm McLean, of Harlem, and had suffered for several months prior to coming under observation from severe cephalalgia, staggering gait and exophthalmus. He improved under iodide of potassium, but soon after, there was a great enlargement of the head and separation of the lambdoid and sagittal sutures. With this enlargement there was further improvement in the patient's condition. Dr. Seguin made an examination of the patient at this time. The exophthalmus had disappeared, face pale, vision apparently good but choked disc present. All the cranial sutures wide open. In the right occipital region there existed a tumor which pulsated synchronously with the heart. The patient's gait was feeble, but no paralysis existed. Iodide of potassium was given in doses of from ninety to one hundred and fifty grains per diem with relief of the symptoms. The patient died the next spring. On autopsy a fibro-sarcomatous cerebellar tumor was found which had pressed on the venæ Galeni. It must be evident that in this case as in the last, the possibility of remissions has not been taken into account and there is evidence of an additional possible element of error found in the improvement by reason of the hydrocephalus. In the third case of this group, also a cerebellar tumor, one remission occurred which lasted four years, which renders any remark on the improvement under potassium iodide useless.

The first case of the second group was a surgeon who had an attack of hemiparæsthesia which was cured by potassium iodide, but, and this is a most significant circumstance, the patient afterward died of dementia paralytica. The fleeting character of the paræsthesias and other nervous symptoms which mark the onset of progressive paresis is so well known, that the claim of curing these by any remedy, appears a very doubtful one. The second case was one of paralysis of the third cranial nerve, with ataxia of the limbs. There was some improvement early in the disease under the use of potassium iodide, but latterly this was but slight. The third case of this group was one of right hemi-epilepsy with aphasia, coming on last August, and being cured by the end of October by potassium iodide. The fact that the case was of such relatively short duration, and the disappearance of the aphasia simply shows

a possibility that such results might occur, as they often do occur under any treatment whatever; the disease returning in more marked type.

The three cases of the next group are all basilar meningitis; all of them recovered under the use of potassium iodide. Dr. Seguin claimed that none of these were tubercular, but his first case shows a decidedly suspicious history; one brother had phthisis and another died of "brain fever." Under ordinary circumstances, tubercle would be suspected in such cases. Others have before given iodide of potassium in such cases without any idea of combating lues and have also had good results.

On the discussion, Dr. Hammond cited some cases corroboratory of the benefits of potassium iodide in non-luetic cases. Dr. Amidon cited a corroboratory case, and claimed that the iodide acted by influencing, not the neoplasm itself, but the circulation around it, and considered the action due rather to the potassium salt. Dr. Weber thought that non-specific diseases were not benefitted by potassium iodide. He had a case of apparently non-luetic progressive paresis which was benefitted by iodide; the patient was subsequently found to have contracted syphilis from his wife. He believed the diuretic action of the drug had much to do with its effects. Dr. Morton corroborated Dr. Seguin and the discussion was finally closed by Dr. Seguin.

SOCIETY FOR PROTECTION OF THE INSANE

Held its annual meeting in New York, January 20, 1882. Dr. H. B. Wilbur, Superintendent of the New York State Asylum for Idiots, at Syracuse, presided. He congratulated the society on the fact that the press devoted much space to discussions concerning insanity, and said the association of superintendents of asylums formerly confined itself to boarding the patients, and this resulted in the uniformity of types and rigidity of methods visible in a majority of American asylums. This association was now beginning to admit new methods, and was recognizing a degree of responsibility in the insane which underlies the entire doctrine of moral treatment of these patients. It was resolved that the council be authorized to take measures needful to secure such legislation as may be necessary to improve the condition of the insane in asylums and poor houses.

Dr. E. C. Seguin described the consult-

ing board of the New York municipal asylums, which rarely sees the inside of the hospital, and at the end of the year is asked to sign a pleasant annual report. "A Consulting Board," he said, "should be a Consulting Board, and should be small, while the duties of inspection should be given to a special Board, whose visits should be made at the most unseasonable hours." A paper was read showing that there are sixty-three thousand insane patients in the country or, one to every seven hundred and seventy-seven of population. The population between the years 1870 and 1880 increased twenty-six per cent. while insanity increased sixty per cent. There are twenty-four thousand insane persons not in asylums. Dr. Shaw, of the Flatbush (Brooklyn) asylum, said for two years he had not used restraint on his patients, and there was no indication that restraint apparatus would be needed. Certain developments already mentioned in the Review have caused much doubt as to the amount of restraint used at this asylum. Dr. Garrish referred to the defense of insanity in Guiteau's trial, and said that there was in this country too great a disposition to call upon medical testimony, which, every one knew, always goes to extremes. He said, however, that this trial might result in educating the people. However sad and distressing were the circumstances connected with the case, it may teach our people more instructive lessons of insanity than could be obtained in any other way. As Dr. Garrish failed to recognize progressive paresis in a certain well-known case, his remarks on medical expert testimony are not in the best taste possible.

At the Medico-Legal Society's meeting, January 4, Drs. William A. Hammond and Myer S. Isaacs were elected Trustees. A lively contest took place over the election of President; Mr. Clark Bell, being elected by a decided majority. A protest was filed against the election. The Charity Hospital Medical Board at its meeting elected the following officers: Dr. W. T. White, President; Dr. Beverly Robinson, Vice-President; Dr. E. S. Peck, Secretary of the Board.

THE NEW YORK PATHOLOGICAL SOCIETY.

at its January 11 meeting, elected Dr. E. C. Seguin, President; Dr. G. L. Peabody, Vice-President; Dr. W. M. Carpenter, Secretary; Dr. J. H. Hinton, Treasurer; Dr. J. C. Pe-

ters, Editor; Drs. V. P. Gibney, J. H. Hinton, J. H. Ripley, J. C. Peters and F. R. S. Drake, Committee on Admissions; Drs. B. Robinson and E. C. Wendt were elected Committee on Publication. The

NEW YORK OPHTHALMOLOGICAL SOCIETY.

At its annual meeting elected Dr. Thomas R. Pooley, President; Dr. G. R. Cutter, Vice-President; Dr. W. O. Moore, Secretary and Treasurer; Drs. A. Matthewson, C. S. Bull and E. T. Ely, Committee on Admissions.

The war against the unlicensed practitioners is rather actively kept up. During the last week four persons were arrested and placed under bail for illegal practising medicine. The Cartwright lectures of the Alumni Association of the College of Physicians and Surgeons are to be delivered by Dr. J. C. Dalton, at Association Hall, in three successive evenings. They began on Tuesday evening, January 24, 1882. The subject of the lectures was the "Experimental Method in Medicine." The first lecture was on the Use of Galvanism in the Study of the Nervous System, the second "Buffon and Bonnet in the Eighteenth Century," and the third on "Nervous Degenerations and the Theory of Sir Charles Bell."

HOSPITALS.

A patient was bitten by a stray Newfoundland dog in October, and died in the Presbyterian Hospital, January 13, 1882. Dr. Hannan, who sent him to the hospital from his residence, had pronounced the case hydrophobia, and at the hospital many of the usual symptoms of that disease were recognized. The only violent symptoms were the laryngeal spasms which had first attacked him while he was attempting to swallow a glass of whiskey. Anodynes relieved, in a measure, these spasms, and calmed the mental excitement of the patient who was sometimes delirious, and was convinced in his lucid intervals, that he was suffering from hydrophobia. His strength failed as the spasms became less violent, and he died during one of them. House Physician Simpson said that only an autopsy could determine whether the case was hydrophobia or not, which remark was utterly absurd, as hydrophobia yields as a rule no lesions at all on autopsy. If any lesions be found they are purely secondary and not characteristic of the disease. The changes in the disease are bio chemical and therefore impalpable.

REVIEWS.

TRAITE CLINIQUE ET PRATIQUE des Maladies Mentales par le Dr. Luys, Médecin de la Salpêtrière. Avec planches; octavo. Paris: Delahaye, 1881.

A Clinical and Practical Treatise on Mental Diseases, by Dr. Luys, physician to the Salpêtrière. Illustrated octavo. Paris: Delahaye, 1881.

Dr. Luys has acquired his reputation chiefly in the domain of cerebral anatomy, and this reputation has arisen from the fanciful ingenuity of his speculations. His reputation in this field somewhat established, he has been made physician to a large asylum for the insane, the result of which elevation is the present volume. The volume shows strong influence of his anatomical bias, nor would this bias be objectionable were it supplemented by clinical observation. The present work seems to indicate that this is not the author's forte. Take, for example, the subject of melancholia. The author divides this psychosis into two categories; partial melancholia, under which head he includes the various systematised insanities with depressing delusions, and complete melancholia which is the true melancholia. Between these two forms there is it is obvious, nothing in common. The book contains much that is of value; its pathology is ingenious and not marked by that gross grouping of secondary and non-essential lesions so frequent among the Ball school of alienists. The classification given in the work is by no means up to the time. He has adopted the rather absurd ideas of the Flechsig school and some other Germans, that a complex process like thought can originate in cells. The description of cases is very well given, and, in fact, so well given, that it is at times somewhat amusing to see the inconsistency between the author's argument and the case cited to support it. The book is written in an easy, pleasant style. The speculations of the author have that fascinating plausibility which characterises his anatomical ideas. The book is well issued.

THE SCIENCE AND ART OF MIDWIFERY. By W. T. Lusk, M. D. New York: D. Appleton & Co., 1881; W. T. Keener, Chicago.

This is undoubtedly the best book on the subject in the language. It is writ-

ten from a physiological standpoint, combined with an extended clinical knowledge. The author has made copious and frequent reference to current discoveries. The book is thoroughly up to the time. It bears strong evidence of the influence of Spiegelberg, Olshausen and other German authors. The labors of the Americans are, at the same time by no means ignored. Skene, Thomas, Garrigues and other obstetricians have full justice done to their occasional publications; a valuable part of literature generally ignored by the authors of text books. The book is divided into ten parts. Part one is devoted to "Physiological Anatomy." Part two to the "Physiology of the Ovum." This part takes up embryology in a very complete manner, considering the ground that has to be covered in such a work. The labors of Hæckel, Waldeyer and His, receive full recognition. The physiology of pregnancy is discussed in part three. Part four and five take up pregnancy and labor. Part six is a very thorough examination of the puerperal state. Part seven discusses the pathology of pregnancy. Part eight takes up very extendedly obstetric surgery, and like the rest of the book is well up to the time. The pathology of labor is discussed in part nine. Part ten is devoted to diseases of children. The section devoted to the insanities occurring during the puerperal state, shows much more knowledge of the subject than is to be found among the average obstetrical teachers. This section might have been written by a professed alienist. The book is well printed and well illustrated. In the present instance bibliographical beauty has not been marred by literary poverty. It is evident that teachers of obstetrics will not only be glad to commend such a work to their pupils, but will find it a most valuable guide for themselves.

BOOKS AND PAMPHLETS.

N. M. Cook, M. D., Cambridge City, Minnesota. Minnesota Medical Mirror, December, 1881. Volume 1, Number 1.

E. S. Gaillard, M. D., New York City. The American Medical Weekly, January 7, 1882. Volume XIV., Number 1.

C. H. Crane, M. D., Assistant Surgeon General United States Army, Washington, D. C. Quarterly Report of Medical Officers, United States Army, with their Stations and Duties, as reported to the Surgeon General, January 1, 1882, or at Date of last Report received at his office.

James R. Chadwick, M. D., Boston, Massachusetts. Obstetric and Gynæcological Literature, 1876-1880. Reprinted from the Boston Medical and Surgical Journal of September 8, 1881.

Boston Medical Library Association, 19 Boylston Place, Boston, Massachusetts. Address delivered at the dedication of the Hall of the Boston Medical Library Association on December III., MDCCCLXXXVIII., by Oliver Wendell Holmes, M. D., President; Report of U. P. Putnam, M. D.; Remarks of J. S. Billings, M. D., Prof. Justin Minor, G. H. Lyman, M. D., Pres. C. W. Eliot; D. P. Smith, M. D., C. Ellis, M. D., H. J. Bowditch, M. D.; Exhibition of Medical Portraits; Report of the Librarian, James R. Chadwick, M. D., read at the Sixth Annual Meeting, held on October IV., MDCCCLXXXI.; Report of F. C. Shattuck, M. D., on the Directory for Nurses.

Paul F. Munde, M. D., New York, N. Y. The Monthly Supplement to the American Journal of Obstetrics and Diseases of Women and Children. Society Proceedings, Abstracts and Book Reviews. January, 1882.

The Fourteenth Annual Report of the Central Free Dispensary of West Chicago for 1881.

C. H. Boardman, M. D., St. Paul, Minnesota. Transactions of the Minnesota State Medical Society, 1881.

Christian Fenger, M. D., 120 West Indiana Street, Chicago. Total Extirpation of the Uterus through the Vagina. Extracted from the American Journal of the Medical Sciences for January, 1882.

J. S. Jewell, M. D., 70 Monroe Street, Chicago. Spinal Irritation. Reprinted from the Journal of Nervous and Mental Disease. Vol VIII., October, 1881.

UNITED STATES MARINE HOSPITAL SERVICE.

Austin, H. W., Surgeon. To proceed to Galveston, Indianola, Corpus Christi and Brownsville, Texas, as inspector, Oct. 17, 1881.

Goldsborough, C. B., Passed Asst. Surgeon. Detailed as member of Board for the examination of keepers and crews of the Life Saving Service, Fifth and Sixth Districts, Nov. 2, 1881.

O'Connor, F. J., Asst. Surgeon. Granted leave of absence for fifteen days on account of sickness, Dec. 23, 1881.

Guiteras, John, Asst. Surgeon. Granted leave of absence for ten days, Dec. 5, 1881.

Benson, J. A., Asst. Surgeon. Granted leave of absence for twenty-one days, Dec. 7 and 21, 1881.

Banks, C. E., Asst. Surgeon. To assume temporary charge of the Service at San Francisco, Cal., until the arrival of Surgeon Vansant, Nov. 7, 1881.

Carmichael, D. A., Asst. Surgeon. To proceed to Baltimore, Md., for temporary duty, Nov. 2, 1881. To rejoin his station (New York) and thence proceed to Pittsburgh, Pa., and assume charge of the Service at that port, Nov. 18, 1881.

Bennett, P. H., Asst. Surgeon. To proceed to Boston, Mass., for temporary duty, Oct. 21, 1881.

Peckham, C. T., Asst. Surgeon. To report for temporary duty to Surgeon in charge, Boston, Mass., Oct. 21, 1881. To proceed to Vineyard Haven, Mass., for temporary duty, Nov. 4, 1881. To rejoin his station (Boston) and thence proceed to New York, reporting for duty to Surgeon in charge Nov. 9, 1881.

Ames, R. P. M., Asst. Surgeon. To proceed to St. Louis, Mo., for temporary duty, Oct. 21, 1881. To proceed to Evansville, Ind., for temporary duty, Dec. 14, 1881.

Devan, S. C., Asst. Surgeon. To proceed to San Francisco, Cal., for temporary duty, Oct. 21, 1881.

Urquhart, F. M., Asst. Surgeon. To report for temporary duty to Surgeon in charge, New York, N. Y., Oct. 21, 1881.

APPOINTMENTS.

The following candidates having passed the examination required by the regulations, were appointed Assistant Surgeons, by the Secretary of the Treasury, Oct. 20, 1881:

Philo H. Bennett, M. D., of New York.

Cyrus T. Beckham, M. D., of Massachusetts.

Robert P. M. Ames, M. D., of Pennsylvania.

Spencer C. Devan, M. D., of Missouri.

Francis M. Urquhart, M. D., of New York.

THE ARMY.

OFFICIAL LIST of changes of Stations and Duties of Officers of the Medical Department, United States Army, from December 29, 1881, to January 12, 1882.

Summers, Jno. E., Lieutenant Colonel and Surgeon, Medical Director, Dept. of the Platte. The leave of absence granted him in par. 6, S. O. 123, Dept. of the Platte, Dec. 1, 1881, is extended one month. S. O. 135, Mil. Div. of the Missouri. Dec. 28, 1881.

Tremaine, W. S., Captain and Asst. Surgeon, now awaiting orders in New York City, to report in person to the Commanding General Dept. of the East, for assignment to duty. S. O. 2, A. G. O. January 4, 1882.

Havard, V., Captain and Asst. Surgeon, now enroute from Ft. Davis to San Antonio, Texas, assigned to temporary duty at Headquarters Dept. of Texas, and to report to the Medical Director for instructions. S. O. 154, Dept. of Texas. Dec. 12, 1881.

Powell, J. L., First Lieutenant and Asst. Surgeon. The seven days' leave of absence granted him in order 186, Fort Stockton, Texas, is extended fifteen days. S. O. 159, Dept. of Texas. Dec. 27, 1881.

Gorgas, Wm. C., First Lieutenant and Asst. Surgeon. The leave of absence granted him by par. 5, S. O. 150, Headquarters Dept. of Texas, Dec. 3, 1881, is extended one month. S. O. 1, Mil. Div. of the Missouri. January 4, 1882.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

EDITORIAL CORPS:

J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.
E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.
CHRISTIAN FENGER,
Surgery.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.
HARVEY W. WILEY,
Chemistry, Toxicology and Public Hygiene.
ALEXANDER J. STONE,
Midwifery.

E. C. DUDLEY,
Gynaecology.

H. H. CHANDLER, Publisher.

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\$2.00 A YEAR

THE MISSION OF MEDICAL COLLEGES.—The day appears to be fast approaching when no town of ten thousand inhabitants will be worthy the name unless it contain a summer garden where the disciples of Gambrinus assemble, at least fifty boarding houses, two theaters and a paper mill; all to supply the wants of the institution par excellence of the town, a medical college. This ideal condition of things already exists in certain neighboring States. For example, a recently established medical journal states that a certain town containing about thirty thousand inhabitants "can now boast of three medical colleges, containing in all about thirty professors and one hundred medical students. These institutions are all young, but are backed by unyielding ambition and the best professional material." It is a bad thing for a medical college to be young, but this is fully compensated for by unyielding ambition and the best professional material, whatever that particular phrase may mean.

An exacting critic might claim that medical colleges with three students to each professor, located in a small town, unendowed and dependent on fees and assessments for their existence, must ultimately demoralize the profession of medicine. Such a cynic, however, fails to appreciate the pure benevolence of these

colleges, and does not discern their true mission. They cannot be suspected of aspiring after pecuniary or professional reward, since thirty professors and one hundred medical students scarcely do more than pay the expenses of three medical colleges. Their object is a far higher one. They know the craving desire which the average citizen of this republic has for a title. They know that to be a captain or a major entails the payment of militia fees or the expenses of a target company. They know that to be a judge requires the impounding of cows or the setting of neighbors at variance. They know all these titles require political wire-pulling and consequent immorality. Therefore to satisfy this harmless craving for titles in a way conducive to the interests of morality, at the least expense, with the least amount of ill feeling, medical colleges are multiplied. To be sure, titles do not amount to a great deal; there are barons in Germany who shovel coal; counts in Spain and Italy who sweep chimneys; princes in Greece who peddle candy. No matter, there is such an innocent craving to be satisfied; and the supply of this craving, at the least expense and with the least trouble, is the true mission of the medical college. There are certain advantages attendant upon the title of doctor, and certain requirements necessary to the title of judge or colonel

which render the former fittest to supply this universal want. To be a judge implies some one to try; to be a military officer implies some one to command. If every one were to be made a judge or a colonel, civil war would result. No such inconvenience attaches to the title of doctor. A man need not necessarily have patients or prescribe. Those, therefore, who think that the mission of medical colleges is to provide competent medical advisers for the people, are mistaken. Their mission is to provide titles for the people, and until every American citizen bears after his name the magic letters, M. D., that mission cannot be regarded as having been fully accomplished.

FREEDOM OF THE MEDICAL PRESS.—The latest and in many respects the most peculiar method of preventing the discussion of medical topics in medical journals, was adopted in Virginia; a state which permits charlatans to practice on the payment of ten dollars; a state which has traditions of civilization that should prevent its medical men from undignified procedures. An editor of one of the medical journals of that state saw fit to comment upon the method of publishing the State Society transactions; whereupon, at the last meeting of that Society, an ex-Vice-President of the American Medical Association moved, in defiance of the constitution of the Society, that this editor, without trial, without opportunity for defense, be immediately expelled from the Society. Fortunately for the good name of the Virginia medical profession, this motion did not prevail. The medical profession of Virginia have an important work before them in the matter of the law, already alluded to, which permits charlatans to practice on the payment of a nominal sum; but in lieu of attending to this, some at least of their representatives prefer the more dramatic task of intimidating the medical press. Certainly no agent is more important in the education

of the profession than the medical press. All attempts, therefore, to influence it in the interests of any organization should be very carefully watched.

FREE TRADE IN MEDICINE.—Dr. Robert F. Weir (Medical Record) says that he can say "of his own city and from personal knowledge, that a student may graduate without ever having dissected any part of the human body, without ever having witnessed or attended a midwifery case, or without ever being present at a hospital clinic. Even worse than this: It is possible for a student by registering himself nominally with a preceptor, to spend in business of a commercial nature or in teaching, the two years required by law, and by attending a full course in a winter college, and repeating the same in a summer college, to graduate in less than a year from the time of beginning actual study." These facts have long been known, but what of it? a remedy is impossible while the present free trade in medicine exists.

HOT WATER IN BLENNORRHOEA.—Dr. G. H. Picard, Topeka, Kansas, (Medical and Surgical Reporter, January 14, 1882,) claims very good results from the treatment of blennorrhœa with hot water in the following way: A small sized bulb, tipped catheter is inserted into the urethra so that the bulbous extremity occludes the mouth of the bladder. The free extremity of the catheter is connected by a rubber tube with an elevated vessel containing the hot water. The water finds egress through an opening between the small sized catheter and the urethra. The temperature of the water should at first be about 90° F., gradually increased with tolerance to 100°, or even to 115° F. Two sittings of at least fifteen minutes each are required. This treatment might be advantageously combined with local medication by medicating the water. So combined, there is but little doubt that by this means many cases of gleet could be avoided.

CHLORINE TRIUMPHANT.—A little more than two years ago it was gravely announced by Victor Meyer, of Zurich, that oxygen had been obtained from pure chlorine. This statement was sufficient to cause a lively revival of the theory of the compound nature of the supposed chemical elements. The spectroscope moreover, in its improved forms and with the use of higher temperatures, was showing new lines in hydrogen and other elements, and this fact lent additional weight to the results of Meyer's experiments. It seemed indeed that the millennium of chemistry was about to dawn when it would be proved that there was only one elementary form of matter in existence, and all other modifications of the regnant molecules. Züblin, in *Ann. der Chem.*, 209, 277, has shown that the oxygen obtained by Meyer had its origin in the peculiar kind of porcelain used for the retorts. The porcelain from Boyeux always afforded oxygen, while Berlin porcelain or platinum gave none at all. The character of chlorine is vindicated and it is now free from the charge of hypocrisy which has for a long time lain against it.

CAUSES OF DREAMS.—The physiology of these is always interesting, and it has been claimed by certain authors that they, at times, have a diagnostic value. Thus, Macario (*Nice Médical*, September, 1880) cites several instances in which certain dreams were the premonitory symptoms of diseases in an incubatory stage. Dr. Moreau de la Jartlie (*Grande Dictionnaire de Médecine*. Article *Rêves*) claims that "the constriction and oppression of the chest during sleep; the impression of suffering and irritation which may result from a latent phlegmasia, congestion of the blood, rheumatic or neuralgic condition of some of the organs contained in this cavity, can all produce various kinds of dreams" of value in diagnosis. However, there are so many complicating circumstances in the production of dreams, that their diagnostic value can be but small. Delaunay has re-

cently made an interesting communication to the Paris Société de Biologie (*Progrès Médical*, January 6, 1882) on the relations which exist between dreams and the cerebral region especially supplied with blood during the night. According as the subject lies on the back or with the head to the right or left side, the dreams assume particular characters. Thus, when the subject lies with his ear on the right side, the dreams are inconsistent and full of absurdities; but when the patient lies on the left side, the dreams are intelligent; and he claims that these are attended by very vivid impressions of sound. Such dreams often form the basis of delusions.

THE PTOMAINES.—In medico-legal cases of a toxicological nature, complications are apt to arise concerning the nature of certain alkaloids found in the cadaver. The alkaloids which are produced in the body after death, are called ptomaines. They are separated from the tissues by the same processes which are used for the vegetable alkaloids, and respond to nearly all the chemical tests used to identify these bodies. Unless these ptomaines could be obtained in quantities sufficiently large for a thorough examination and ultimate analysis, it would be very difficult to establish their nature and distinguish them from the vegetable alkaloids before a court of justice. In fact, these two classes of bodies may be mistaken for each other by competent and honest chemists. A case of this kind recently occurred in Italy, where the chemical examination at first decided that death had occurred by the use of delphinine, whereas a subsequent and more careful analysis showed that a ptomaine resembling delphinine only was present. Ferricyanide of potassium serves to distinguish a ptomaine from a vegetable alkaloid. The latter (morphine and veratrine excepted) have no effect upon the ferri-salt, whereas a ptomaine will quickly convert it into a ferro-salt which is readily distinguished by the formation of Prussian blue.

DR. MARK RANNEY, the Superintendent of the State Asylum for the Insane, Mt. Pleasant, Iowa, died February 1, 1882. Dr. Ranney was one of the old school of superintendents, observant and but too little inclined to record observation; like the late Dr. Ray, scientific, but at the same time slightly conservative and inclined to look upon attempted changes in asylum management as attacks on the best interests of the insane. Deaths of superintendents like Dr. Ranney entail great loss upon the community, because with them is often buried a wealth of clinical observation.

SALICYLIC ACID IN ACUTE RHEUMATISM.

—Dr. P. W. Latham, Cambridge, England, (British Medical Journal, January 14, 1882,) after a rather extended examination and discussion of this subject carried on in the columns of that journal, thus formulates his views: First: A nervous centre exists which controls the nutrition of the muscular and other tissues, and which has been termed the "inhibitory chemical centre." Second: The action of cold on some individuals, by lowering the power of this centre, modifies the nutrition of the tissues and leads to the excessive formation of lactic acid and other products. Third: The presence of lactic acid in abnormal amount in the blood produces functional change in the medulla oblongata and the spinal cord, when brought into contact with them and develops the local symptoms of acute rheumatism in a manner similar to the production of the symptoms of locomotor ataxia with its arthropathies by organic change. Fourth: If the portion of the medulla oblongata in the neighborhood of the point of origin of the vagus is a point of minimum energy either hereditary or acquired, then, according to the particular fibres involved, may cardiac, pulmonary, or pleuritic complications be developed during an attack of rheumatism. Fifth: Salicylic acid combines with the antecedents of lactic acid and prevents its formation. Sixth: If the administration of the remedy be

suspended after the symptoms are relieved, and before the inhibitory chemical centre has recovered its tone a relapse will take place. While this theory is ingenious and plausible, the relations between its various postulates are not as clearly defined as they should be. That loss of tone of the "chemical inhibitory centre" might produce lactic acid, and that this production of lactic acid might be checked by salicylic acid and thus check the subsequent symptoms seems possible, but it might, with equal propriety, be claimed that the cold charged with producing the first symptoms could produce all the others. The theory of Dr. Latham that the head symptoms after salicylic acid ingestion are produced by artificial salicylic acid alone, is certainly demonstrably erroneous.

SEA SICKNESS.—Dr. J. K. Stocker (New York Medical Journal, February, 1882), after a careful examination of the various views respecting sea sickness, comes to the conclusion that it is a neurosis largely due to psychical causes and curable by strong mental impressions. This view is certainly not improbable, and were it adopted would have for result the discontinuance of certain modes of treatment which are useless, to say the least.

A LAWYER AND MEDICAL EDUCATION.—The late Edwin Stoughton has devised two thousand dollars to the pathological museum of Dartmouth College. It is worthy of note that a lawyer should have interested himself so much in the subject of medical education. If the Review is not mistaken, his contributions to the Dartmouth Medical College have amounted in all to something like twelve thousand dollars.

NEW METHOD OF VACCINATION.—A man in Colfax, Illinois, sauntered into a drug-store, and mistaking the vaccine points on the counter for tooth-picks, picked his teeth with them and vaccinated himself, not entirely to his satisfaction.

POTT'S DISEASE FROM RHEUMATISM.—Dr. Potain (*Journal de Médecine et de Chirurgie*, November, 1881,) calls attention in a recent article to the influence which rheumatism exerts in the production of Pott's disease. This variety of Pott's disease has a much more favorable prognosis than the ordinary varieties. Here the question of diagnosis will play an important part in the determining the possible treatment. In the treatment of Pott's disease from rheumatism, Dr. Potain has found powerful revulsives, particularly the actual cautery, associated with immobility are particularly indicated. The diagnosis will depend chiefly on the age of the patient, his antecedents, history and the progress of the disease. It generally comes on in older patients than Pott's disease of tubercular origin, is preceded by rheumatic phenomena and the disease thus produced is of relatively slow progress.

TWO ATTACKS OF INFECTIOUS DISEASES.—Dr. Jonathan Hutchinson (*British Medical Journal*, January 7, 1882) cites two cases in which syphilis seems to have attacked the same person twice. In the first case, the patient had phagadenic chancre and rupia. He had syphilis, and was under treatment for it by Dr. Hutchison some years previous to the appearance of the present chancre. The second case is somewhat similar. It is obvious that both these cases are rather impure, and that all the symptoms given might be the result of tertiary changes. That syphilis may, like other infectious diseases, occur twice, there can be but little doubt; but Dr. Hutchinson's cases certainly do not prove that it does. A case is reported from Farmington, Illinois, of a man who was successfully vaccinated when an infant, was attacked by varioloid at the age of five, and has just recovered from hæmorrhagic small-pox. Cases of this kind are very exceptional, and show that the subject of the recurrence of infectious diseases requires more attention than is generally given it.

DANGERS OF NERVE STRETCHING.—Dr. Julius Althaus (*British Medical Journal*, January 7, 1882) calls attention to the fatal cases which have resulted from this operation, and to the fact that its risks should be made known to patients and their friends. There have been thus far reported five fatal cases from nerve stretching. Death appears to have resulted from undue violence in stretching the nerve, whereby the medulla seems to have received a shock. In a fatal case reported by Benedikt, severe vomiting and singultus supervened after the operation, followed by paralysis of the intestines and bladder, and ultimately by dyspnœa, cyanosis, and death on the ninth day. Dr. Græme Hammond has reported a case (*Chicago Medical Review*, volume III., 1881, p. 335) in which nerve stretching in locomotor ataxia was followed by an intensification of the symptoms. From these cases it would appear that nerve stretching is likely to be dangerous in case of asthma or certain cardiac or respiratory affections, and that undue violence in stretching the nerve should be avoided. Cases have also been reported in which stretching of both sciatics has been followed by complete and permanent paralysis of the sphincter ani muscle. Therefore great care should be observed in cases requiring stretching of that nerve.

BROMINE TOPICALLY IN CHANCROID.—Dr. J. L. Robinson, Louisville, Kentucky (*American Practitioner*, November, 1881), claims that by the use of the following mixture he has obtained good results in the topical treatment of chancroid and indolent ulcers: Bromine, one part; Water, three parts; Potassium bromide, enough to make a solution. He cites five corroboratory cases, in all but one of which he gave potassium iodide internally in addition to the local treatment; why is not at all clear, unless by reason of a suspicion of lues. The latter medication was, to say the least, entirely useless in chancroid, in which potassium iodide might impair digestion.

SMALL-POX.—A few particulars concerning older epidemics of this disease are not without interest at the present time. Small-pox first invaded England in the ninth century. It was common in Arabia in the tenth. The crusades carried it throughout Southern Europe. It reached Norway in the fourteenth century. In 1516 it was carried to St. Domingo by the Spaniards. Three years later it crossed to Mexico and slew three million persons. It invaded Iceland in 1707, and Greenland in 1733, and about one-fourth of the population of these two islands died from it. It has almost entirely exterminated the Ainos, a hairy race of men once numerous in certain districts of Japan.

PILOCARPINE IN DIPHTHERIA.—Dr. Paynardeau (*American Medical Weekly*, February 4, 1882) comes to the following conclusions respecting the therapeusis of pilocarpine. First: Pilocarpine has, by its sialagogue properties, a real but inconstant and capricious action. Second: False membranes of the air passages, inaccessible to local means, can be detached and expelled by the aid of pilocarpine. It is then indicated in croup and pseudo-membranous bronchitis before and after tracheotomy, but only when danger is threatened from the membrane itself, and not from the diphtheritic poison. Third: Pilocarpine cannot facilitate elimination of the diphtheritic poison by its sudorific action. It prevents neither the reproduction of the false membrane nor the appearance of diphtheritic paralysis. Fourth: It may produce in the digestion and circulatory apparatus such accidents as vomiting, diarrhoea and collapse, which add to the general bad state of the patient. Fifth: It is formally contra-indicated in all cases where there is reason to suspect alteration of the cardiac muscle. These conclusions are much more in accordance with what is known concerning the dangers of this remedy than the exceedingly enthusiastic claims of Guttman and others.

CONJUNCTIVAL TRANSPLANTATION.—Dr. Marc Dufour (*Revue Médicale de Suisse Romaine*, December 15, 1881) reports four cases in which he transplanted on the human eye the conjunctival mucous of a rabbit. Two of the cases were ocular symblepharon. The adhesion being dissected off, a fragment of the ocular mucous membrane of the rabbit was applied to the denuded surface and fixed in place by sutures. In the first case the operation failed, the patient being advanced in years. In the second case, a child of eleven years, the operation proved to be a perfect success. In a case of epithelioma of the lids good results followed the transplantation of a fragment of the buccal mucous membrane of the patient, after the removal of the tumor. Dr. Dufour recommends that the transplantation should not be made too quickly to the denuded surface, and that rolling of the edges of the transplanted fragment should be prevented. The denuded part and the fragment transplanted should be carefully and thoroughly washed with a solution of salicylic acid.

THE BLOOD IN PREGNANCY.—Dr. Wilcocks (*Lancet*, December 3, 1881), after a very extended examination of the blood of pregnant women and chlorotics, comes to the following conclusions: First. A more or less considerable diminution of hæmoglobin is found in both pregnancy and chlorosis, especially in chlorosis, but no other obvious analogy exists between the blood in the two states. Second. In pregnancy, the diminution of color is due to diminution of the red corpuscles, but the quality of the individual cell is not deteriorated. In chlorosis both these conditions occur; the latter in excess of the former. Third. The blood state of healthy pregnancy is due to a disproportionate increase in the water of the plasma, which does not constitute a true anæmia; to this serous dilution of the blood is due the impunity with which enormous hæmorrhages during parturition are borne by certain women.

WOOD (Oesterr. Zeitschr. 29, 125, 166) can be preserved from decay and hardened by placing it in a convenient receptacle with layers of fresh burned lime. The lime is afterward gradually slacked with water until the whole mass is moist. The wood should remain a week or ten days in soak. By this process it is rendered very hard and enduring. The process is cheap and appears to be effective.

THE PURITY OF IODIDE OF POTASSIUM is a matter of no small importance to the physician, although it is a matter to which the pharmacist should especially attend. Fortunately, the impurities which it contains are generally harmless, so that the only bad effect is in the dilution of the salt itself. The principal impurities found in it are carbonate, bromide and chloride of potassium, and traces of sodium salts. In the commercial article these impurities frequently amount to twelve per cent., and are generally two or three. Kaspar (Archiv. Pharm. [3], 16, 298,) gives a quick way of determining the purity of the commercial salt, by titrating with standard solution of corrosive sublimate.

AN ERUPTION AFTER ARTHROTOMY.—Dr. Puzey (Medical Times and Gazette, November 12, 1881) reports a case in which a scarlatinaform eruption, accompanied by high temperature, came on after excision of the knee joint. The patient, a man aged twenty-one, had his knee exsized for some chronic disease. The operation was conducted under Listerian methods. Vomiting came on soon after the operation, and lasted four or five days. Nine days after the operation the temperature rose to 104° F. at noon. The wound was then looking healthy. The temperature again became normal, and so continued for several days. Sixteen days after the operation the temperature rose to 102.4° F., and the patient had a slight chill. The day following the temperature was 101.6° F., and there was a uniformly distributed scarlet blush all

over the body; the tongue had a whitish fur, but the fauces were not red. The wound was then looking well. The next day the eruption was bright and punctiform. It remained for five days and then disappeared. There were no marked constitutional symptoms, nor was there any relation between the state of the wound, the patient's general condition, and the high temperature. The patient remained in bed twelve weeks. Primary and absolute union of the wound occurred. Scarlatina could be excluded. The patient was a markedly neurotic subject, and to nervous causes Dr. Puzey, with great probability, ascribes the high temperature and the eruption, as six months later the patient's temperature suddenly rose under emotional excitement, without other cause.

CONTAMINATION BY SEWAGE.—Oysters taken from the beds on the western shore of the Bay of Dublin have been found by Cameron (Chem. News, 44 to 52) to be contaminated with sewage. All oysters taken in proximity to large cities should therefore be looked on with suspicion. This circumstance has been repeatedly noticed in the Eastern States, and has already received some attention in the Review of February 20, 1880. Klendenin found that pike caught in the vicinity of a sewer contained trichinae, obviously derived from the consumption of sewage.

DOLARINA AS AN ANTHELMINTIC.—This is an alkaloid extracted from a species of fig, ficus dolaria. It is regarded in Brazil as of value against the helminthoid which produced the St. Gotthard Tunnel epidemic. Dr. Buzzola (Gazette des Hôpitaux) has given it in powder form with good results to the laborers attacked by this particular parasite.

OPTIC VACCINATION.—Cases are reported in which rubbing the eye with the hand on which there was vaccine lymph was followed by the natural consequences.

THYMOL IN DIPHTHERIA.—Dr. Warren (Medical and Surgical Reporter, January 14, 1882,) claims very good results from thymol in diphtheria. He uses the following combination: $\mathcal{R}$ Thymol gr. iv ss-vi ss; Potass. Chlorat. $\mathfrak{z}$ ij ss; Quiniae bisulph. $\mathfrak{z}$ ss-ij; Spts vini Gallici, $\mathfrak{z}$ viiij ss; Glycerinae $\mathfrak{z}$ ij. Of this a dessert-spoonful undiluted should be given to children aged from two to five years old, every hour or every two hours. The mixture is likely to have some irritant action on the buccal parietes.

FRACTURE OF THE SPINAL COLUMN.—A case of fracture of the spine about the eighth dorsal vertebra, from a fall down a hoist, was admitted into the Montreal General Hospital (Canada Medical Record, November, 1881). It was chiefly remarkable for the comparative absence of paralytic symptoms and the rapidity of recovery. There was paralysis of the bladder and rectum, but no paraplegia; only slight pains were felt running down the arms and legs. The patient left the hospital in six weeks. The diagnosis cannot be said to have been absolutely certain.

SYNTHESIS OF UREA.—Herroun (Jour. Chem. Soc., 1881, 471,) has made a synthesis of urea as follows: "Air was drawn by means of an aspirator through washing bottles containing ammonia and benzine, the glass tubes conveying the air dipping below the surface of the liquid in both bottles. It was then drawn through a tube containing a helix of platinum wire heated to dull redness, and finally through water contained in potash bulbs to absorb the products of the reaction." Ammonium carbonate, nitrite and nitrate were some of the compounds formed by this process. Another crystalline substance was found deposited near the platinum helix, which by qualitative analysis appeared to be ammonium cyanate. This when treated with nitric acid, gave urea, which was readily recognized by the tests usually applied for the detection of this substance.

VARIOLA IN PREGNANCY.—Dr. E. Marx (Journal de Médecine de Bordeaux, January, 1882) reports a case of variola contracted by a pregnant woman from her two-year-old child. This child had recovered by the tenth of October, and by the nineteenth the doctor was called to the mother, whom he found suffering from an intense fever, accompanied by pains in the loins and abdomen, and vomiting. There was no eruption. The mother was delivered October 20, after a normal labor, of twins which died a few hours after birth, having no trace of eruption. The eruption appeared in the mother three days after delivery. The disease was of the confluent type and ran its usual course. The mother recovered. While interesting, the case is not exceptional. Most probably the death of the children was due more to the hyperpyrexia of the mother than the disease which was its cause.

OVARIAN TUMOR WITH ADHERENT FALLOPIAN TUBE.—Dr. Knowsley Thornton (British Medical Journal, January 16, 1882) at a recent meeting of the London Obstetrical Society, exhibited a portion of an ovarian tumor with Fallopian tube adherent by its fimbriated extremity to the opposite ovary, which was so completely grasped that it had partly atrophied. He had previously suspected that this might occur, from observing a series of cases in which both ovaries had been found to be involved in one tumor, the respective tubes and ligaments forming two distinct pedicles. He believed that the tube, elongated by the growth of the cyst, was carried in contact with the opposite ovary, and the fimbriae of this tube fell over it.

DR. NIKOLAUS PIROGOFF, of Pirogoff's amputation fame, died recently. Last June he celebrated the semi-centennial of his entrance into the medical profession.

DR. ROBERT BARRY, a prominent member of the New York Academy of Medicine, died January 6, 1882.

HYDRATE OF STRYCHNINE.—Schützenberger in his researches on the alkaloids of the *Strychnos nux vomica*, discovered certain peculiarities in the behavior of strychnine which led him to assert that the alkaloid existed in two or three modifications. These varieties he distinguished by their different contents of carbon, solubility and crystal form. He found that a solution of chloride of strychnine treated with ammonia deposited at first long, fine needles which contained twenty-one atoms of carbon in a molecule. So weighty an authority as Schützenberger, however, was not enough to satisfy Johns (*Archiv. Pharm.* [3], 18, 185), who by a thorough and convincing investigation has shown that there is only one strychnine base. The crystals of strychnine precipitated from a cold dilute solution are at first combined with water, forming a hydrate. They are then of the acicular form described above. These crystals soon, however, begin to lose water, and are converted into the octohedra mentioned. This change goes on so quickly that it can be followed with the microscope.

LYSSOPHOBIA.—Two interesting cases of this variety of spurious hydrophobia are reported from Philadelphia. A boy died of hydrophobia. During his dying struggles foam from his lips flew into his father's eye. The latter, a man of nervous temperament, immediately imagined that he had become inoculated by the disease. He almost immediately developed the symptoms of hydrophobia even to its laryngeal spasms, but these were controllable by the will, under strong mental stimulus. Large doses of chloral were ultimately required to quiet him. During his excitement he bit his hysterical daughter, who thereupon developed similar symptoms. This kind of cases is very frequent during hydrophobia panics, and readily explains why so many cases of cured hydrophobia are from time to time reported. Dr. Hammond (*Diseases of the Nervous System*, Edition of 1881,) cites a case in which lyssophobia occurred;

the diagnosis being made manifest by the controllability of the laryngeal spasms. During the hydrophobia panic of 1874 one patient died from lyssophobia, and similar instances of its fatality are reported by Labadie Lagrave, Berthier, Rouppe, Ponceau and Fleming. Whether hydrophobia can be produced by inoculation with the saliva of a rabid human being is a question which cannot be positively settled. The older views are that it cannot, while certain recent researches of Pasteur seem to show that hydrophobic inoculation from man to man is a possibility.

SALINE ARTERIAL INJECTIONS IN COLLAPSE.—It has long been known that exsanguinated animals can often be revived by intra-arterial injections of saline solutions. This fact has, however, until recently, not received a practical application in therapeutics. Dr. J. J. Bischoff has been, perhaps the first, (*Centralblatt für Gynäkologie*, November 12, 1881,) to endeavor to resuscitate a patient in collapse resulting from post partum hæmorrhage, by this means. After the child's birth a considerable quantity of blood was lost by the patient, which loss was still further increased by the delivery of the placenta. The hæmorrhage ceased, but the patient collapsed despite the use of stimulants. An aqueous solution of common salt (six parts to the thousand) rendered slightly alkaline by a little lye, was injected into the radial artery. The patient exhibited none of the oppressive symptoms common to transfusion operations but rallied rapidly, and fully recovered. The reason assigned by Dr. Bischoff for choosing an artery in lieu of a vein is that in great anæmia the superficial veins are with difficulty found. The procedure would seem capable of further extension. Venous injections of warm water in cholera have at times been attended with remarkable, though temporary, results. The saline injections would seem likely to have similar results of a much more permanent character.

ERGOTINE IN PHARYNGITIS.—The *Revue Mensuelle de Laryngologie* claims that the use of ergotine in chronic pharyngitis, attended by exaggerated development of the veins of the pharynx and a muco-purulent secretion, has been attended by good results. The following mixture should be applied to the pharynx by means of a pincette: *R.* Ergotine, fifteen grains; Tincture of Iodine, one drachm; Glycerine, one ounce. *Mix.* By certain a priori reasons, the results claimed for this procedure would seem to be fully justified, and it is certainly worthy of further extension.

MORAL INSANITY is a topic just now attracting much attention. Adopted as a definitive form of insanity by nearly all the English, French, German and Italian alienists, its existence is denied by a small circle of American superintendents, more in obedience to popular clamor than for any scientific reason. That this circle does not include all the superintendents, is shown by the recent scientific article on the subject by Dr. Hughes (*Alienist and Neurologist*, January, 1882), who places himself on record with Ray and Rush, the Nestors of American psychiatry. Perhaps no one has condemned the position recently taken by certain alienist and non-alienist experts, that "moral insanity is unknown to medical science," in stronger or more deservedly severe terms than those used by Dr. Folsom. He says (*New York Medical Journal*, February, 1882): "The expert witness who denies that moral insanity exists, in the face of such careful and conclusive authorities as Dr. Ray and many others, declares that criminal acts are always criminal, that kleptomania is always stealing, dipsomania is always drunkenness, and nothing more, is himself in danger of a certain unwholesome self-conceit that might itself be likened to moral insanity." Even the *Medical Record* has denounced the retrograde tendencies which have been recently shown in this particular respect.

EFFECT OF HEAT ON DRY FERMENTS.—It is now generally admitted that all ferments mixed with water lose their activity, when the temperature is raised to 100° C. By the researches of Hüppe, however, it is proved that if an amorphous ferment be dry, it can be exposed to a much higher temperature without having its activity destroyed or even greatly impaired. The ferments experimented with were pepsin, malt-diastrase and the diastatic ferment of pankreatin. These ferments were thoroughly dried over sulphuric acid for forty-eight hours. It was then found that they could be heated to a temperature of 160° to 170° C., without marked injury. These experiments have a particular interest in connection with the theory of disinfection. They show that a dry heat cannot be depended on to destroy the activity of germs. Although it must be confessed that no exact knowledge of the part played by ferments in infectious diseases is accessible yet it is a general impression that such diseases are essentially fermentative. Every contribution, therefore, to our knowledge of ferments, is valuable from a sanitary point of view.

EPILEPSY FROM PROBING.—The views expressed in the January 15 Review respecting the influence of slight operations in neuropathic patients in producing epilepsy, are fully corroborated by a case reported by Dr. T. Draper, Enniscorthy, Ireland, (*British Medical Journal*, January 24, 1882). A country woman, previously healthy, consulted him for epiphora in her left eye. As the canaliculus was narrow and the punctum almost impervious, it was with difficulty that Dr. Draper succeeded in introducing even the smallest of Bowman's probes. After reaching the sac and bringing the probe to the elevated position he was about to pass it down the nasal duct, when the patient had a slight tremor followed by an attack of petit mal. In neuropathic subjects such accidents have not the gravity ordinarily attendant on them.

ARTHROTOMY AND PHTHISIS.—Dr. Bryant (Lancet, October 29, 1881,) has recently reported a case that illustrates the possible part, chronic suppuration may play in the aggravation, if not the production, of phthisis. A man aged twenty-three years had had chronic disease of the knee joint of three year's duration. The articulation was disorganized, and full of caseous, pulpy material. There was at the same time dullness of and "cogged" respiration over both pulmonary apices. The patient suffered much from hæmoptysis, and he had muco-purulent expectoration. Amputation was performed immediately above the condyles. The wound had almost healed in two weeks, leaving only an ulcer. The chest symptoms markedly improved and the patient continued to improve for three weeks longer, when he passed from under observation. While it cannot be said that positive cure has resulted in this case since the time the patient was under observation is so short, still there is no doubt that the disease has been arrested. Similar cases have been previously reported by Dr. Bryant (Lancet, January 4 and 11, 1879,) which fully corroborate the view that joint degeneration exerts a marked influence on the progress of phthisis.

THYROIDECTOMY.—Dr. Terrillon (Journal de Médecine et de Chirurgie, December, 1881,) has recently reported a case in which he performed thyroidectomy for goitre, which had existed for ten or twelve years and which threatened life, having successively produced dyspnœa, dysphagia and a certain degree of aphonia. The operation was performed with Listerian precautions, and the wound pursued a regular course to recovery. The aphonia persisted for quite a while, and it was feared that the recurrent laryngeal nerves had been severed, but the voice gradually returned and recovery was complete. This is the fourth operation of the kind in France; Tillaux, Monod and Terrillon himself having previously operated in one case

each. It is only a little while ago that this operation was severely condemned by Velpeau, but to-day, thanks to the antiseptic method and the present hæmostatic measures which surgery possesses, this operation seems destined to have the same history as ovariectomy, as an operation which can be frequently attempted. The influence of the removal of the thyroid body on mentality seems likely to be worth considerable study when this operation shall have become more frequent.

UTERINE CERVICAL GANGLION.—Dr. Jastreban (British Medical Journal, January 7, 1882) claims that the so-called ganglion cervicale of Frankenhauser is in reality a plexus of many ganglia found at the junction of the twigs from the sacral nerves, with the hypogastric plexus. He believes that there is an intimate relation between diseases of this plexus and those of the uterus, and that on diseases of the ganglia depend functional disorders of the uterus during the different stages of labor.

ASIATIC CHOLERA.—The treatment of the algid period of this disease is often an interesting problem involving the question of the patient's recovery. Tide the patient over this stage, and he recovers. Dr. L. E. Dupuy (Le Progrès Médical, January 6, 1882) claims that for this purpose there is nothing equal to hypodermic injections of sulphuric ether. According to him, the temperature following the injections of sulphuric ether is as much elevated as it had been previously lowered. This result is obtained through cardiac stimulation. The idea of thus using sulphuric ether is not entirely a new one. Warrington-Howard (Medico-Chirurgical Transactions, 1872) had previously had good results from a similar use of this drug. Still Dr. Dupuy's researches are much more systematic and exact, and would seem to indicate that this procedure would prove of value in many conditions of collapse where cardiac stimulation was necessary.

A PHYSICIAN in Odelbolt, Iowa, is suing a druggist for having sent one of his patients "axle grease" in lieu of the salve ordered.

ZOOLOGICAL CONFUSION.—In a review of the cerebellum article of Dr. Spitzka, published in the July 5 Review, the *Centralblatt für Psychiatrie* makes the comical blunder of translating porpoise (meerschwein, schweinefisch) into guinea pig (meerschweinchen). Blunders of this kind not infrequently lead to somewhat tragico-comical scientific controversies.

DELIVERY DURING SLEEP.—Dr. Weil, Hagenau, Germany, cites (*Gazette Médicale de Strasbourg*), the case of a woman twenty-three years of age, well formed, who had given birth on June 16, 1877, to a robust boy, whom she nursed for eleven months. Delivery proceeded rapidly, lasting only an hour. When pregnant for the second time, she was delivered on September 6, 1881, under the following circumstances. She had been walking in the evening of September 5, and about 11 o'clock went home to sleep. About 3 o'clock in the morning she awoke to pass urine, arose and seated herself for the purpose. She uttered at once a cry that a child was born. Dr. Weil saw the woman ten minutes after this; she was still in the same position; she was carried to bed, and there was no hæmorrhage. On examining the urinal, it was found to contain the child and the afterbirth. The infant was a female, weighing about ten pounds. It was removed from the vessel and the cord tied. Nearly half an hour was needed to remove the clots and the mucus which obstructed the mouth of the child; the placenta was completely expelled. The woman made a quick recovery. Probably she had had uterine contractions which did not awaken her as she slept soundly. The apparent necessity of urinating, which awakened her from her sleep, was doubtless nothing less than a strong uterine contraction.

LOCAL.

CHICAGO BIOLOGICAL SOCIETY.

At the February meeting of this society Dr. Fenger presented reports of six cases of aneurism, with remarks. The cases reported included aneurisms of the internal carotid, vertebral, external iliac and popliteal. The vertebral artery was ligated between the atlas and the occiput. In spite of hæmorrhage so severe as to necessitate transfusion, the patient made a good recovery. The paper called forth considerable discussion. Dr. Boerne Bettman next read an inaugural thesis on "The Anatomical Condition of the Eyes in Two Cases of Pernicious Anæmia." This was the result of a series of pathological investigations pursued at Heidelberg, where Dr. Bettman was assistant at the eye clinic for a considerable time. The peculiarities observed were minute annular hæmorrhages which occurred in the retina and were visible shortly before death. Under the microscope they were seen to contain numerous red cells and lymphoid cells. There was also hypertrophy and marked cloudy swelling of the larger nerve cells. Changes of the vascular walls were also evident. Upon these latter all the other conditions, in the author's opinion, depended. The paper was discussed, after which a vote of thanks was given to Dr. Bettman, and he was unanimously elected to membership. The Society then adjourned.

CHICAGO MEDICAL SOCIETY.

Reports of cases was the order of business at the February 6 meeting of this society. The meeting was well attended and unusually interesting. Drs. Henry Ogden and William Reinhold were elected members. Dr. H. D. Valin now reported fifteen cases of typhoid fever treated in Cook County Hospital. All except one of the cases recovered. The following prescription was employed in all cases: $\mathcal{R}$. Cinchonidiæ Sulphatis, gr. ij ss; Acid

Sulphurici Aromatici, gtt. v to viij; Syrupi Simplicis, 3j; Aquæ, 3ss. M. Sig. Every three hours. This was alternated with Tr. Digitalis, gtt. ij to v. In some cases iodine was given in one-third grain doses three times daily. The cold pack and sponging were employed in every case. Bismuth, morphine and fluid extract of jaborandi were given in some cases. 104.5° was the highest temperature recorded. In several cases crepitant and subcrepitant râles, and pleuritic frictions over the entire lung, followed the administration of the cold pack. Dr. Ingals reported a case of typhoid fever which terminated fatally, which he treated without medicine, but with pure air and stimulants. Dr. L. H. Montgomery gave persulphate of iron alternately with ergot in hæmatemesis, with good results. Drs. Clarke, Paoli, Wallon, Curtis and Odelia Blinn discussed the treatment of typhoid fever; after which the Society adjourned.

At the request of the Secretary, we state that the Society did not meet on January 2, not on account of stress of weather, but because it was a legal holiday, and that it so appears on the minutes of the Society.

CHICAGO PATHOLOGICAL SOCIETY.

At the January meeting of this Society, held at the residence of the President, Dr. Lyman, Dr. H. D. Valin presented a paper on "Neoplasms." Dr. C. J. Lewis read an interesting article on the "Therapeutic Value of Dialysates," which will be found in the department of "Original Contributions."

DISCUSSION.

Dr. H. D. Valin: "I am apprehensive that the evaporation of the excess of water would diminish the power of the drug. And that medicine made from potash and soda plants, from the diffusible nature of the salts, would have a maximum quantity of these and a minimum quantity of alkaloids."

Dr. Wm. E. Clark: "The evaporation of the alkaloidal solution to a given standard

of strength would, if heat was used, endanger the drug's utility."

Dr. Henry M. Lyman: "The theory of dialysation, as applied to the entrance of medicine into the blood, was correct. And if the dialyzer did not remove important constituents of organic drugs, the process was an advance in the manufacture of medicines. The pharmacopœial dose could be maintained by graduating the dialysating solution."

Dr. Odelia Blinn supposed that she was voicing the opinions of many members present, by saying that the essayist had delineated a new process of manufacturing drugs, which was not as yet generally understood. But in the event that drugs would ever be freed of their "lumber" as thoroughly as thoroughly as the rhetorical colloid has been freed from the "paper," the professional lady was of opinion that the medical world would then stand upon a very much higher and decidedly a more commanding plane for the exhibition of its therapeutic warfare than it has hitherto reposed upon.

Dr. C. J. Lewis concluded by saying that the fear of an unnatural adjustment of salts and alkaloids in the dialysates was unfounded, for both were highly diffusible. That since dialysis was at the base of absorption, it was incumbent upon the practitioner to administer the most efficient and, at the same time, the most promptly acting remedies at his command; namely, crystalline remedies. This can be done intelligently only after thoroughly understanding the nature of the barriers that exist at the distal ends of all epithelial routes for the conveyance of remedial agents into the system.

At the February 28 meeting Dr. R. U. Piper is expected to read a paper on "Expert Testimony."

COOK COUNTY HOSPITAL.

The examination for internes of this hospital for the year beginning April 1, will be held February 28.

SIR ROBERT CHRISTISON, a well known authority on toxicology, died January 29, 1882.

DR. JAMES JOHNSON, an old physician of Milwaukee, Wisconsin, died February 2, 1882.

DR. T. W. Mills has been appointed assistant to the chair of Physiology, McGill Medical College, Montreal.

DR. Orlando Fairfax, an old physician of Richmond, Virginia, died January 11, 1882, at the age of seventy-six.

VACCINATION IN CHINA.—According to Abbé Huc, vaccination in China antedates Jenner. The operation was performed by soaking a linen pledget in vaccine matter and tying it in the nostril of the person to be vaccinated.

IXORA DANDUCA IN DYSENTERY.—The Indian Medical Gazette claims that the use of the tincture of the fresh root of ixora danduca has been attended by good results in dysentery. The plant is an Indian one, not yet an article of commerce.

ATOMIC WEIGHT AND TOXICITY.—Dr. Charles Richet (*Archives Générales de Médecine*, December, 1881,) has recently published a note tending to show that there is no relation between the toxic properties of a body and its atomic weight. His experiments were made on fish plunged in toxic solutions. Copper was found to be six hundred times as toxic as strontium, although its atomic weight is the same. Lithium though but one twentieth the atomic weight of barium is three times as toxic. Even metals of the same chemical family were found to display no essential relation between atomic weight and toxicity. Cadmium, whose atomic weight is one hundred and twelve is, half as toxic as zinc, whose atomic weight is sixty-five. Lithium with an atomic weight of seventeen is seventy times as toxic as sodium, whose atomic weight is twenty-three.

ORIGINAL CONTRIBUTIONS.

*THERAPEUTICS OF DIALYSATES.**

BY C. J. LEWIS, M. D., CHICAGO.

It is difficult to express in a simpler form the idea embodied in the word disease. But disease might be said to be an arrest of the normal energy that plays between aggregations of bioplasmic units in living tissues, and the life sustaining properties of blood-protoplasm. The office of medicine is to restore this energy to its accustomed flow, when held in abnormal abeyance.

A body having in it no water is in a state of molecular rest, in a state evincing no vital activity. In physics the form of matter called liquid has its molecules attached each to the other by so small an amount of cohesion that they are never at rest. They are constantly rolling around and over each other in a free path that is exceedingly limited. This molecular change or mobility is an essential feature in absorption, and may be looked upon as being allied to the amoeboid movements observed in bioplasm.

The blood is called a fluid, having in it large numbers of protoplasmic globules. This fluid has an unstable consistence, owing to the exosmotic properties of its confining walls. The vascular channels having in this way a constant emosis, there is created within them, if I may use the term, a condition approaching a vacuum. This condition or craving the blood seeks to replenish or assuage through another property of its environing walls, namely, endosmosis.

The secretory, excretory, pulmonic and absorptive functions are severally exhibitions of dialysation. Liquids holding in solution gums, resins, starch, pectin, albumin, gluten, and other substances of low degree of diffusibility, have been denominated by Graham colloids; and substances possessing a high degree of diffusibility he called crystalloids. Crystalloidal elements pass to water through a parchment diaphragm quite freely. "But when an albuminous fluid of the sp. gr. of blood-serum is exposed in a dialyzer to water, about two hundred parts of water pass through the membrane of the dialyzer from the water into the albuminous fluid, for every one part of albumin which passes from the fluid into the water." (Foster.) Absorption, whether of nutrition or of medicine, is accomplished by penetrating the epithelia.

*Read before the Chicago Pathological Society, January 30, 1882.

Now, if living epithelium has the power of resisting the passage of colloidal substances as successfully as dead parchment has, then it is fair to presume that the higher the diffusible character of a drug, the more potent it will be as a remedial agent. To quote again from the American edition of Foster's Physiology, p. 414: "It is a matter of common experience that such inorganic and organic salts as are readily diffusible, pass with great rapidity into the blood, and thus into the urine, when taken by the mouth; and the rapidity with which they are absorbed is in large measure proportionate to their diffusibility." From this showing, a medicine is valuable just in proportion to the extent its virtues are crystalloidal. This assumption rests upon the fact that the medicine, on its way into the blood, whether from the skin or *primæ viæ*, has to pass through one or more dialyzers.

If by the foregoing remarks I have made it appear that starch, gluten, albumin, etc., are worthless as medicines, however valuable they may be as foods, I trust that the medical profession will soon choose to select for administration such drugs as are freed from these inertiae. Such principles are worthless as medicines, and their presence threatens the perpetuity of the drug through their tendency to fermentation. Colloids can be separated from the "active principles" by the process called dialysis. I am not now prepared to say that all drugs should be thus manufactured; but all crystalloidal drugs, it seems to me, should. By thus diminishing the amount of ferments to a minimum, they will only require a minimum amount of alcohol to preserve them. Hence these drugs would be nearly an aqueous solution; and thus being aqueous, would be more assimilable when absorbed into the blood than alcoholic solutions would be. This is especially true of absorbents through the epidermis; although chloroform is held by Waller to be a much better solvent to penetrate the skin than either water or alcohol.

Another advantage is obtained by using the dialysates, namely, they are always ready for administration by the hypodermic syringe.

I have recently had exceedingly good and prompt results from aconite, opium and belladonna dialysates prepared by McIntyre and Embury, New York City. During the last few weeks I treated successfully three cases of pneumonia in

children aged four, six and seven respectively, with aconite and opium dialysates, giving no other remedies excepting a sufficient quantity of magnesium sulphate to keep the bowels open. The dose of the following given to each child was about the same: I added to forty drops of aconite dialysate, twenty drops of opium dialysate, and gave of this mixture one drop in a teaspoonful of water every hour until the respiration was easy, skin moist, pulse nearly normal, with a fair disposition of drowsiness. The rapid and painful breathing, high pulse and hot and dry skin gave place to the favorable condition cited above in about ten hours. Notwithstanding the action of the medicine being marked, it nevertheless was a kindly one, and so favorable at this period that I withheld further administration for six hours, after the lapse of which, I continued the same dose at an interval of two hours. All abnormal percussion and auscultation, chest sounds respiration and pulse rate restored; that is, all evidence of pyrexia was removed and health restored in one in four days, and in two cases in six days.

Whilst the above cases were under observation I administered, as the master remedies, aconite, opium and belladonna dialysates to two cases of diphtheria and one case of membranous croup; this was a case of descending diphtheria. I combined the three dialysates in the following proportions: Opium, one part; belladonna, two parts, and aconite, three parts. Dose: One drop every hour in water, giving twelve to sixteen doses daily. Time of cure, one week.

Last week I gave half of one drop of the above mixture of opium, aconite and belladonna dialysates in a teaspoonful of water every hour to a case of catarrhal pharyngitis, and one case of follicular tonsillitis, with marked beneficial results. The age of one was two and one-half years; the other, four. Eight doses a day was all the children could bear, the belladonna drying the fauces and interfering with vision.

Should other drugs, and other samples of these same drugs, dialysates, enter the economy so promptly, and produce their well known action in so efficient a manner as the ones I have had the pleasure of testing, in respect to potency and rapid diffusibility, the profession will but be just to itself when it administers dialysates for the cure of diseases, and at the same time be fair with its large clientage when it gives

to them for remedial agents only those principles that are rapidly absorbable. Promptness of action in the remedies prescribed will inspire the patient to put implicit confidence in the prescriber, and convalescence will be much more easily established than where the mind of the patient will be ill at ease concerning the value of his dosages. Professional merit can be appreciated only by the few, while the effects of drugs upon the economy, in modifying the course of a disease, can be appreciated by all.

I desire to say to the members of the Society that the above mentioned three dialysates, so far as tested, have yielded in my hands the ideal physiological action of the drugs.

733 Carroll Avenue.

SOFT CATARACT.

Its Causes and Pathology.

BY H. B. HEMENWAY, A. B., M. D.,
KALAMAZOO, MICHIGAN.

In the rational treatment of disease the first procedure is to remove the cause, if it is still acting; but before this can be accomplished it must be discovered. In many of the maladies for which the physician is called upon to prescribe, the cause is so obscure, and the *modus operandi* so mysterious, that he is at a loss to find the means of fulfilling this first indication. Of no disease can this more truly be said than of cataract. The knowledge of the general practitioner on the subject is extremely indefinite, and even those who make a specialty of ophthalmology have not the scientific understanding of the theme which is to be desired. Since, therefore, it is with joy that any hint is received, from whatever source, which may aid in the solution of the perplexing problem, the writer of this article has ventured to publish his own reflections, hoping that to some one they may serve as a beacon revealing a land of truth.

Let us glance for a moment at the anatomy and physiology of the parts involved, and thus refresh our memory. Anatomy of lens: The crystalline lens is contained within a fibrous capsule behind the pupil. It consists of minute fibers, which radiate from the axis of the lens and from the rays of the stars soon to be noticed. Though there are no distinct layers, as some would have us think, yet on account of its peculiar structure, after hardening in alcohol, it

may be artificially separated into concentric laminae, corresponding in number to the dexterity and patience of the manipulator. When the surface of the lens is examined with magnifying power, a star is seen at the center, with from nine to sixteen rays in the adult. (In the foetus there are generally but three rays.) These rays extend from one-half to two-thirds the distance from the axis to the circumference. The stars on the two surfaces are not coincident, but the rays of one fall between those of the other. These stars are filled up with a homogeneous substance, which may also be traced between the individual fibers of each segment. The capsule in which the lens is contained is a thin, very elastic membrane, thicker in front than behind, and thicker at the center than at the circumference. In front, near the center, it is from one twenty-four-hundredth to one fifteen-hundredth of an inch thick. In old age the thickness is increased. At its circumference it is attached by the suspensory ligament of the lens to the ciliary processes.

Nutrition: In the foetus an artery extends through the vitreous humor to the lens. In the adult, according to J. S. Wells, the lens is nourished by osmosis from the humors of the eye. (*Treatise on Diseases of the Eye.* Wm. Wood & Co., 1880.)

Physiology: The chief function of the lens is accommodation. When the eye is in a state of rest, the intra-ocular pressure, with the elasticity of the sclerotica, pulls upon the suspensory ligament, thus by the aid of the capsule compressing the lens, shortening its antero-posterior diameter, and fitting it for distant vision. The ciliary muscle originates from the union of the cornea and sclerotica, and passing backward and outward from the axis of the eye, is inserted into the choroid coat and ciliary processes. Contraction of this muscle does not produce compression upon the circumference of the lens, as can be seen by examining the relations of the parts. (See also the section of the eye as pictured in Craig's Anatomy.) Its contraction relaxes the suspensory ligament, increases the intra-ocular tension, behind the lens especially, and thus tends to move the lens forward. The circumferential traction upon the capsule being decreased, the fibers of the lens tend to straighten themselves. By so doing they lengthen the antero-posterior diameter of the lens, and fit the eye for near vision. (Vide last edition of Flint's

Physiology and Foster's Physiology.) This action of the fibers explains the cause for the existence of the stars of homogeneous substance.

We are now prepared briefly to examine the subject; Cataract. As is well known, there are two lenticular varieties, hard and soft. The first, sometimes called nuclear, consists of the gradual consolidation of the substance of the lens, which thus loses its transparency. As we are prepared to expect from the foregoing remarks, it begins in the center of the lens, and is found only in patients advanced in life, seldom in those under forty years of age. R. B. Carter (*A Practical Treatise on the Eye*; H. C. Lea, 1876,) thinks that this is a natural degeneration, and would always occur if life were sufficiently prolonged. Be this as it may, in nuclear cataract it is common to find the cortical layers of the lens softened and appearing like the second variety. When so soft as to be more or less fluid, the cataract is said to be hypermature. Soft cataract, on the contrary, begins at the cortex, and, unless traumatic in origin, is found only in early life, generally in subjects under thirty years old. It is the cause of this condition which more especially interests us at the present time, and the theory which we would respectfully ask to be examined is that soft cataract is due to the action of the humors of the eye upon the crystalline lens, generally by osmosis through the capsule. The grounds upon which this theory is based are as follows:

First: When the capsule of the lens is perforated, accidentally or otherwise, thus giving the aqueous humor access to the lens substance, the lens turns white and is liquified and absorbed around the point of injury. The rapidity with which the opacity increases is proportionate to the size of the wound, other things being equal.

Secondly: The color of soft cataract, whether of spontaneous or traumatic origin, is the same in quality.

Thirdly: Soft cataract begins on the surface. To this statement there seems to be exceptions in the lamellar and axial cataract. In many cases of lamellar cataract, however, the affected layers are connected with the surface of the lens by a number of white spots. (Schweigger. *Handbook of Ophthalmology*. Lippincott & Co., 1878.) In such a case it is still possible that the softening began at the cortex; but that

layer being perhaps not of uniform density, was attacked only at points, while the sub-cortical layer, being more generally susceptible to the action of the fluid, was all softened. Jaeger suggests that in the common lamellar cataract the opacity was first cortical, but as the lens grew, that layer became sub-cortical. This view is strengthened by the investigations of Horner and Hutchinson, who both found lamellar cataract coincident with rachitic teeth. Axial opacities are found with and without lamellar cataract, but so far as I have been enabled to find, they are always intra-uterine in origin, and are hence more properly malformations.

Fourthly: Soft cataract is more common on the anterior surface, where, outside the capsule, we have the more fluid humor, though it is also found on the posterior surface or around the circumference. In the latter position it is probably often due to the action of the fluid in the canal of Petit. Since the amount of this fluid is small, circumferential soft cataract frequently progresses so very slowly as to seem almost stationary.

Fifthly: Soft cataract is found at that period of life when the capsule is thinnest, thus favoring osmosis.

Sixthly: It occurs at that period of life when the lens is most elastic, thus tending to increase the distance between the segments, and decreasing the density of the intra-capsular substance.

Seventhly: When it occurs spontaneously it generally begins near the axis, and the opacity forms radiating bands from that center. If the opacity begins on both surfaces the rays are not coincident. The form of these opacities indicates that the disease begins in the segments, and not in the stars of homogeneous substance, since the opacities are triangular in shape, with the apices toward the axis of the lens. If our view of accommodation is correct, opposite the segments of the lens the capsule would be continually pressed upon from within, while opposite the star it would be tense, but the internal pressure would be less than elsewhere, and we should expect to find the greatest osmosis at this place. Hence we conclude that the osmosed fluid dilutes the homogeneous substance in which the fibers of the lens macerate and undergo a fatty degeneration. The absence of rays of the stars near the circumference partially explains the comparative infrequency of cataract beginning in that

locality, though the capsule is not likely to be so thick here as at the center.

Eighthly: Extreme myopia has been observed by some (H. W. Williams. *Diseases of the Eye*. Houghton, Osgood & Co., 1880, and Schweigger, *op. cit.*) as a predisposing cause of this affection. This might be expected from the fact that in that condition the intersegmentary space might naturally be larger than in the normal eye, and the density less than normal; also the cause of the myopia may be abnormal thinness of the capsule, which is thus unable to compress the lens. In many cases the myopia can be directly traced to poor health, and so be included under the next head.

Ninthly: Cataract is quite likely to result from malnutrition. Stellwag (*On the Eye*. Wm. Wood & Co., 1868), for example, gives as among the causes, debauchery, anxiety, intemperance, malaria, debility from any cause, ergotism, etc. These various causes may act either by changing the quality of the humors of the eye, or by impairing the integrity of the capsule. Inflammations around the eye or at the base of the brain may perhaps act in a similar way, by impeding the circulation. Mitten-dorf (*Diseases of the Eye and Ear*. Putnam & Co., 1881) says that this condition of the lens may develop from injuries near but not directly affecting the eye, that are accompanied by profuse bleeding; for instance, after the extraction of a tooth. Had he left out the latter condition, we should be inclined to explain the cataract by reflex irritation through the nerves. Profuse bleeding after the extraction of a tooth indicates a decided impairment of the blood. The same condition of that fluid which would cause abnormal hæmorrhages, would also impair the integrity of the humors of the eye.

Tenthly: Traumatic cataract frequently occurs when the integrity of the capsule has not been affected. In such cases it is probably due to irritation of the ciliary nerves, thus causing a change in the quality of the aqueous humor, or increasing its quantity, producing extra-capsular pressure, or both. In this case there is an irregular cloudy appearance.

Eleventhly: Traumatic cataract in one eye may sometimes be followed by soft cataract in the other, due, probably, to irritation through the ciliary nerves.

Twelfthly: Cataract is sometimes found dependent upon diabetes, and by injecting sugar into the system of lower animals

cataract may be produced. It is well known that saccharine fluids are very susceptible to osmosis. Stellwag (*op. cit.*) says that the cataract of diabetes is not dependent upon the presence of sugar; but Schweigger (*op. cit.*) states that Carus found a great quantity of sugar in the aqueous humor.

Thirteenthly: In the needle operation for cataract the desired end is the liquefaction and absorption of the lens. In many cases of congenital cataract the lens is so fluid that it may be removed through a fine needle.

Fourteenthly: This theory is not in conflict with that of J. S. Wells on the nutrition of the lens. In cataract the osmosis may simply be in greater quantity than normal, or the quality of the humors may be altered, and still both theories remain correct.

It may be asked, if this theory is correct, is there a tendency for soft cataract to cure itself? Undoubtedly there is such a tendency, but the liquefaction of the lens by osmosis is so slow that in most cases it would take more than one lifetime to accomplish the result. In many cases, however, this result is practically reached, the broken down remains of fibers, fat cells, etc., subsiding to the bottom of the capsule and leaving the axis quite clear. Of course for a formerly normal eye, glasses would need to be used, and hence it is not strictly a cure.

The cataract of glaucoma is due to pressure behind the lens, and seems to be a combination of the hard and soft varieties.

If the foregoing reasoning is correct, when an incipient cataract is discovered the treatment should be general, tonic and prevention of over-tension of the eye. The patient should be discouraged also from using the eyes upon near objects. Convex glasses might also be indicated. In a case where there is great nervous excitability, or any muscular spasm in or around the eye, atropia is indicated to paralyze accommodation. It may also be indicated in some cases to check the secretion of the aqueous humor. The prognosis for an operation in a case in which the disease began on the posterior surface, would be less favorable than if it began anteriorly, as the probabilities are that the choroid and retina are more or less affected. It must be obvious that such a prognosis will depend on an exact diagnosis.

CORRESPONDENCE.

THE LAMSON CASE—ACONITE POISONING—EXAMINATION WITHOUT ASSENT.

LONDON, January 6, 1882.

Among the matters of chief medical interest on the tapis just now, is the Lamson trial. It will be remembered that Dr. George Henry Lamson, it is claimed, poisoned his brother-in-law with aconite. Dr. Lamson is an American, a licentiate of the Royal College of Surgeons, Edinburgh, and claims to be a graduate of the University of Paris. The circumstances of the trial, of medical interest, are as follows:

Charles Albert Smith, chemist, was the first witness called. He said: "I know the prisoner, and have been acquainted with him for eighteen months, and have been in the habit of making up prescriptions for him. He was living at Mount Vernon, Ventnor. I last made up prescriptions for him in August last. It was on the 28th. I saw him on that night (Sunday) between 8 and 9. He was alone, and purchased three grains of disulphate of quinine and one grain of aconitia, one bottle of eau de cologne, and a stick of Pears' shaving soap. I did not enter the sale in the poison book, the prisoner being a medical man. The packet was labeled 'Aconitia, Poison.' He paid 1s. 6d. for it, but I did not ask him why he wanted it. He afterward had a variety of articles, for which I sent in a bill, which has never been paid."

On cross-examination, the witness said: "I do not know from my own knowledge, but I believe that aconite is used in cases of neuralgia, cancer, and to allay pains in heart disease."

Dr. Thomas Stevenson was then examined, and testified that he was professor of medical jurisprudence at Guy's Hospital, and examiner in forensic medicine, University of London. He has had a very large experience in analytical chemistry, and special experience in the department of toxicology. For the last ten or twelve years he has been specially deputed by the Home Office to examine into cases of supposed poisoning. On December 8 he received instructions to inquire into the matter, and on the 9th Dr. Dupré was associated with him. He said: "Subsequently I received and handed back to Dr. Dupré some wafers on December 30. With Dr. Dupré, I have made a careful analysis of all these articles. I am in a position to speak of the result of

analyses with regard to all. Dr. Dupré and I divided the labor. I examined a portion of the body and the contents, and Dr. Dupré the pills and powders."

Dr. Stevenson, at the request of the attorney for the prosecution, then gave the result of his examination. He said: "The bottle marked A, contained the liver and viscera, to which rectified spirits of wine had been added. From the contents of this bottle I extracted the substance, and in minute quantity I had the characters of an alkaloid or alkaloids, in which morphia was mixed with some other substance. The quantity of morphia was exceedingly minute. This was referred for further examination. Bottle B contained the duodenum. It also contained some more of the smaller bowel, and also some of the larger. I treated this with rectified spirit of wine, and reserved it for any contingency. The bottle marked C contained three and one-half ounces of a fluid smelling of spirits of wine. The fluid was turbid, and consisted of coagulated blood and spirits of wine, and contained also a raisin and a piece of pulp, of the microscopic character of a piece of apple. This bottle was labeled 'Contents of Stomach.' From half the contents I extracted an alkaloidal substance, which was not morphia, but had a characteristic effect upon the tongue of aconitia or aconitine, or active principle of aconite plant. This was also referred for further examination.

"Bottle D contained the human stomach, with a small portion of the gullet attached; both of these had been slit open when I received them. The bottle also contained seven fluid ounces in turbid liquid, smelling of spirits of wine, consisting in a great measure of blood and spirits of wine. The stomach showed parts of the under or mucous surface. In one spot was an appearance of a blister or inflammatory effusion of lymph. The blister had evidently been broken. From an extract made from the stomach I obtained an alkaloidal substance which was not morphia; this was also referred. Bottle E contained six fluid ounces of liquid, having the appearance of urine and the odor of spirits of wine. From marks on the bottle made by Dr. Dupré, I ascertained that the original liquid weighed four fluid ounces; one-third, or two fluid ounces, consisted of rectified spirit of wine. From three-fourths of the fluid I obtained a small quantity of a mixture of an alkaloid, in which morphia was specifi-

cally detected in very minute quantities. Another alkaloid was present, which produced on the tongue characteristic effects of aconitine, and in a high degree; these effects lasted for hours. One-half of the alkaloidal extract remaining was injected in the back of a mouse, which exhibited signs of poisoning in two minutes, and it died in thirty-one minutes, with symptoms of poisoning by aconitine.

"Comparative experiments were made on two mice with Morson's aconitine, purchased by myself. Having ascertained the result of these, I reverted to the alkaloidal extract from the portion of the liver, spleen and kidneys, and from the stomach, and injected it into the back of a mouse. In nine minutes it showed signs of poisoning, and died in twenty minutes, after exhibiting symptoms precisely similar to those of mice poisoned by aconitine.

"The bottle labeled 'The Vomit' contained ten fluid ounces of liquid, half of which was vomit, the other half spirits of wine. The original vomit must have been fairly solid. I definitely found that the solid portions contained portions of digested food, lumps of fat, a trace of muscular fiber of some animal, raisins, sliced candied peel, and some cake, onions, some starch, probably that of wheat, and a piece of solid pulp of some fruit, which agrees in substantial appearance with that of apple. The vomit had also the odor of pineapple, probably from sweetmeats. From the contents of the bottle I extracted an alkaloid substance, free from morphia, but having the characteristics of aconitine. I compared the effects of this on the tongue with some of Morson's aconitine; they were precisely similar, and lasted for upward of six hours. I took a portion of this alkaloidal extract, about one-fifth of a fluid ounce, and injected it into the back of a mouse, which exhibited symptoms of poisoning in two and a half minutes, and died in fifteen and a half minutes, after showing symptoms similar in every respect to those shown by the mice previously poisoned by aconitine."

He was asked what conclusions he drew from that, and said: "I have no doubt that the vomit submitted to us contained a dose of aconitine, which would probably be fatal to an adult person. That finishes with the vomit. The pill box marked 'I. P.' contained two gelatine capsules, and in each capsule was a white pill. These were genuine pills, free from any active

poison. I received a newspaper parcel which contained two packets of sweetmeats. I also received a portion of a Dundee cake. The next parcel contained a cardboard box, containing one hundred and seven of these capsules, one of which contained something that looked like a pill, but was a comfit. There were four pills loose; they were genuine pills, like those in the box I have spoken of. There was some sugar in a paper, and some more sugar, free from poison. The next contained a box with some quinine powders. There were two sets of powders. One set of six contained close upon one and one-half grains of disulphate of quinine. They were also free from poison.

"The other powders were folded in smaller papers and of different quality. They were tied together, and numbered consecutively from seven to twenty, and varied in size greatly, ranging from three-fifths of a grain to one and a quarter grains. One of them, No. 16, weighed one and four-fifths grains. I tasted the powder. It had a taste of sulphate of quinine at first, but afterward had an effect on the tongue like that of aconitine. This powder had not the appearance of sulphate of quinine. It was of a very delicate fawn color. No. 17 was also a mixture of sulphate of quinine and some fawn-colored powder, as was also No. 19. No. 17 weighed nearly nine-tenths of a grain, and No. 19 weighed a grain and a quarter. I ascertained that these powders, 16, 17, and 19, were not genuine disulphate of quinine only. They were mixtures of disulphate of quinine and aconitine, proved by separating the alkaloid; having proved by chemical test that it was an alkaloid, by its having the characteristic effect of Morson's aconitine on the tongue, and by its poisonous physiological effect on a mouse. From No. 16 powder ninety-six one hundredths of a grain of aconitine was extracted. No. 19 was also a mixture, and tasted of aconitine. From No. 16 some was injected into a mouse, which showed signs of poisoning, and died in six and one-half minutes. Symptoms the same. I received two pills wrapped in tin foil; one weighed three grains, the other two and one-quarter grains. They were quite different in appearance to those spoken of before. They contained starch and crystals. They at first had the bitterness of quinine, but that was followed in about

three minutes by a very acute action of aconitine, which lasted seven and one-half hours. After the experiments on the tongue we found we had only consumed one twenty-second part of a grain of the pill. A portion of the pill, melted in a little water, was injected in the back of a mouse. The animal was affected directly, and died in four and one-half minutes with symptoms of aconitism.

"Of Morson's aconitine the tenth of a grain is a fatal dose; one-fiftieth produces most dangerous symptoms. To sum up, the internal viscera of deceased contained traces of aconitine; perhaps the most deadly poison known. The urine contained aconitine in appreciable quantities, showing us the poison had been absorbed into the blood, and had been excreted, passing through the system. The vomit contained aconitine probably in sufficient quantities to produce fatal effects. In the liver and urine only did I trace quantities of morphia."

The statement was here made by one of the counsel for the prosecution, that morphia had been employed to offset the effects of the aconitine, after which Dr. Stevenson continued: "Three of the quinine powders were mixed with aconitine. One of these powders contained enough aconitine to destroy one hundred persons. Aconitine is an alkaloid to which chemical tests cannot be applied, but only physiological tests, such as putting it on the tongue. The one hundredth part of a grain produced effects on my tongue. I killed a mouse in fourteen and one-half minutes with the five-hundredth part of a grain."

Dr. Stevenson further said that from the symptoms given, death was the result of poison; that it was not a local irritant poison, but a vegetable alkaloid. He further said that it was obvious this poison was aconitine, and that a fatal dose of it might have been put in the capsules.

Mr. August Dupré, who was then called, corroborated Dr. Stevenson in all particulars. After this evidence the prisoner was committed for trial. The feeling among the profession here is very strong against him, as he had conducted himself in a very unprofessional manner previous to being accused of the homicide.

A cognate matter is attracting much attention, and that is the right of physicians to examine servants, at the request of the master or mistress, against their free will or with their enforced consent. It appears to have been decided that a physician so doing

is liable to damages for such examination.

Mr. William MacCormac removed the entire uterus, January 3, 1882, on account of epithelial cancer. The operation was performed in St. Thomas' Hospital. The operation was performed by abdominal section, and an ovarian cyst was removed along with the uterus. Eucalyptol was the antiseptic agent employed for irrigation and the spray. The patient, ten days after the operation, was making rapid progress toward recovery.

As the readers of the Review may probably be aware, there exists in London a fanatical sect called "The Peculiar People." The tenets of this sect forbid the employment of physicians or the obedience of sanitary laws. A son of a member of this sect having fallen ill from small-pox, his father neither called a physician nor notified the authorities, although he knew the disease was variola. The elder of the sect was called and the boy was prayed over and anointed, which was the only medical treatment. The entire family mingled with the world in total disregard of all danger of contagion. The boy died, and as he could not be buried without a certificate, the whole matter came to light. The father was placed under bail for manslaughter. The whole matter illustrates what obstruction may be offered to sanitary laws by fanaticism, and how difficult it is to deal with medical matters into which a religious element enters. T.

*NEW YORK HOSPITALS—BERGH ON
VIVISECTION—BELLEVUE DRAIN-
AGE—TYPHUS FEVER—AGE
AND SMALL-POX.*

NEW YORK, February 10, 1882.

Mr. Bergh recently lectured on vivisection at Association Hall. He was hissed and applauded. The hisses came from medical students, and the applause chiefly from certain long-haired males and females. The lecturer began with the following statement: "If we have no right to torture a man, why torture a dog? Why not perform vivisection on a human being?" After stating that not a single fact tending to benefit mankind had been discovered through vivisection, Mr. Bergh said: "Accident is the parent of all original discoveries. Though millions of animals have been tortured in vain, practical physiology is a solecism, and not a science. It learns nothing, teaches nothing." The usual stock

arguments against vivisection were then paraded. In conclusion, Mr. Bergh said: "The moth eats your garments for subsistence, and the savage Indian scalps you for revenge, but the vivisectionists should be placed under a social ban, for Hades cannot produce the scenes they do. Are these men to call to the bedsides of your families? Why, such professional men are worse than disease itself." This is certainly peculiar logic for a would-be argumentative humanitarian to use, but its peculiar character may be better judged by a knowledge of the fact that Mr. Bergh recently proposed to cure pauperism by a resuscitation of the whipping-post. It is the old story repeated of Howard maltreating his children, and yet weeping over the woes of convicted felons.

HOSPITAL MATTERS.

The political management which rules Bellevue Hospital has been previously convicted of certain flagrant sins of omission and commission. The non-medical third-rate politician at the head of the institution appears to be encouraged in his totally ignoring the interests of his patients. According to a recent report from the Dock Department, "the water front of this hospital is at the bottom of a cove, or bay, from which the current is shut off, and is prevented from sweeping away the filth constantly discharged from the Twenty-Sixth street sewer, the various drains of the hospital, and the Twenty-Eighth street sewer. The foul exhalations, joined to those of the decayed and decaying wood, seem to have few elements wanting for the promotion of disease and death." This condition of things has long been known, but the warden of the hospital, despite numerous protests made by medical men, has made no attempt to have it remedied.

A patient at the Riverside Hospital had recurrent typhus fever; the second attack occurring within a week subsequent to recovery from the first. During the epidemics of last year one or two such cases occurred. According to the records of this hospital, the sanitary condition of certain homes for street boys would appear to need investigation. The second epidemic of last year occurred in a well known sectarian home for street boys; and the bedding brought to the hospital from this home was in a very filthy condition, so that much of it had to be destroyed. The boys were not well cleaned, and were covered with vermin. There were thirty-one cases sent

in from this institution, of which twenty-one were sent into the hospital as typhoid fever. These patients all gave as a premonitory symptom, pain in the abdomen, and were sick two or three days prior to taking to bed. The temperature ranged from 102.5° F. to 104.75° F.; in some cases reaching 106° F. There was in these cases no history of diarrhoea. None were ill over two weeks. All recovered. A sudden decline of temperature was often observed; it falling to 97° F.; after which the temperature did not rise above normal. The macular eruption made its appearance in all the cases.

Some figures concerning small-pox were obtained from the Riverside Hospital, which may be of interest. Of two hundred and sixteen cases, two were between the ages of five and ten, and both of these recovered. Two were from ten to fifteen years old, and both recovered. Between the ages of fifteen and twenty, fifteen were admitted and three died. Between twenty-five and thirty, forty-four were admitted, and five died. Between thirty and thirty-five, thirty-four were admitted, and eight died. Between thirty-five and forty, thirty-five were admitted and seven died. Between forty and forty-five, twenty-four were admitted, and nine died. Between forty-five and fifty, fourteen were admitted, and nine died. Between fifty and fifty-five, twelve were admitted, and four died. In a general way these figures seem to indicate that small-pox is more fatal after twenty-five than before; but too positive conclusions cannot be drawn.

Of the fifteen nurses and orderlies in the Riverside Hospital but three escaped infection from typhus fever during the epidemic of last year. One of the three had had the disease, and owed his immunity to that. Two died of the twelve who had the fever.

A patient of the fever department, Riverside Hospital, Blackwell's Island, while suffering from measles, was attacked by scarlatina and diphtheria, and survived all three diseases. J.

COMPARATIVE MORTALITY OF CHILDREN.

—According to recent statistics only seven out of every ten children born in England and Wales reach the twentieth year. In France only one-half the children reach that age, while in Ireland the mortality among the children is still greater.

REVIEWS.

THE TREATMENT OF CONSUMPTION. By J. Hilgard Tyndale, M. D. New York: Bermingham and Co., 1882.

This is a by no means badly written book on the subject of the climate treatment of phthisis. In addition, it contains remarks on the home treatment of phthisis. It is in many respects, of use. There is rather a superabundance of prescriptions, and there is at times such an enthusiastic endorsement of various cures, that one might well be inclined to suspect that the author's faith arises from his having mingled too much with phthisical people. Certain districts mentioned by Dr. Tyndale as of value in the treatment of phthisis are, to the certain knowledge of the reviewer, not entirely free from malaria. For example, Ramapo, New York. The author says nothing of the unfortunate results of the Adirondack region recommendation. A phthisical newspaper correspondent went there on the recommendation of a leading New York physician, and was cured. He wrote an enthusiastic book on the subject, and then died of phthisis. As a general guide to the climate treatment of consumption, this book, in the hands of a discriminating physician, may be of value. It is well issued by the publishers at a fabulously low figure.

THE NURSE AND MOTHER. By W. Coles, M. D. St. Louis: J. H. Chambers & Co., 1881.

This book of one hundred and fifty pages, is intended purely for nurses and mothers. The author claims, and with propriety, that the child's future health largely depends on the manner in which the child is treated during the first few months of life. The first pages of the book are especially intended for the benefit of nurses attending to mother and child at the same time. The evil wrought by the recital of popular traditions and superstitions is discussed at length, and the practice receives a severe, well merited rebuke. The attention of nurses is drawn to the common errors in the management of infants. The book is chiefly a compilation, and from a scientific aspect cannot well be criticised. The author's style is pedantic and prolix, and the book could be condensed with considerable advantage, and would then be more serviceable. It is fairly well issued.

ILLUSTRATIONS OF DISSECTIONS in a series of original colored plates, representing the dissections of the human body. By George Viner Ellis and George H. Ford. Volume one. Wood's Library of Standard Medical Authors. New York: William Wood & Co., 1882; W. T. Keener, Chicago.

This is the first volume of Wood's Library for 1882. It consists of chromolithographic plates with descriptive text. The plates are reduced from the life size of the English edition, and each plate occupies a full page purporting to represent the appearance of the part when dissected. There are twenty-eight plates in this, the first volume. The general arrangement is systematic. In the text, remarks are made as to the application of anatomy to surgery, which renders the volume of considerable value.

TEXT BOOK OF MODERN MIDWIFERY. By Rodney Glisan, M. D. Edited by Robert P. Harris, M. D. Philadelphia: Presley Blakiston, 1881; W. T. Keener, Chicago.

This is the first obstetrical work that has been produced by an American for a number of years. It is not so extended nor so critical as the work of Dr. Lusk, reviewed in the last number of the Review, nor does it display as wide an acquaintance with the literature of the subject. The book is ex-cathedra in tone, and attempts but little argument. The tendency to dogmatic statements is rather too strongly marked. The author's style seems to frequently fall into its "anecdote." As the diction is generally graceful and dignified, the effect produced when these anecdotes occur is much the same as would be seen were a grave judge to suddenly dance the can can. There are but few cases reported, and the author indulges in too little analysis of his clinical experience. That his experience has been great there can be but little doubt, and this book is evidently the condensation of that experience. The experience of any obstetrician is of value, especially when he states, as does Dr. Glisan, that experience clearly and concisely. The book is a rival not to be despised to the average text book on obstetrics. As a preliminary work for the use of students the present book has its value. A study of it, preliminary to the study of the more specifically scientific work of Lusk, is a course that might be recommended to any student with advantage.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from January 13, 1882, to January 28, 1882.

Maddox, Thos. J. C., First Lieutenant and Asst. Surgeon, now awaiting orders in Washington, D. C., to report in person to the commanding general Dept. of Texas, for assignment to duty. S. O. 2, A. G. O., C. S.

Sternberg, Geo. M., Major and Surgeon. Granted leave of absence for one month, and during his absence Surgeon J. C. Bailly to attend the sick at Point San Jose, California. S. O. 9, Mil. Div. of the Pacific and Dept. of California. January 16, 1882.

Gardner, Wm. H., Captain and Asst. Surgeon, now at St. Augustine, Florida, to proceed to San Antonio, Texas, and report in person to the commanding general, Dept. of Texas, for assignment to duty. S. O. 14, A. G. O. January 19, 1882.

Comegys, E. T., Captain and Asst. Surgeon, now stationed at Columbus Barracks, Ohio, to report in person to the President of the Medical Examining Board in session in New York City, for examination for promotion and, upon completion of examination, to return to proper station. S. O. 19, A. G. O. January 25, 1882.

La Garde, L. A., First Lieutenant and Asst. Surgeon. Granted leave of absence for one month, to take effect on arrival of Asst. Surgeon Collins at Cantonment on the North Fork of the Canadian River, Ind. Ter. S. O. 12, Dept. of the Missouri. January 16, 1882.

Banister, J. M., First Lieutenant and Asst. Surgeon, Fort Reno, Ind. Ter. Granted leave of absence for one month. S. O. 18, Dept. of the Missouri. January 24, 1882.

Birmingham, H. P., First Lieutenant and Asst. Surgeon, who returned to Fort Leavenworth, Kansas, on the 12th inst., from leave of absence, to proceed to Fort Gibson, Ind. Ter., and report to the commanding officer for duty, relieving A. A. Surgeon Collins. S. O. 12, C. S., Dept. of the Missouri.

Maddox, Thos. J. C., First Lieutenant and Asst. Surgeon, having reported at these Headquarters in compliance with S. O. 2, C. S., A. G. O., will report to the commanding officer Fort Clark, Texas for duty. S. O. 6, Dept. of Texas. January 16, 1882.

Whitehead, W. E., Captain and Asst. Surgeon, died at Tarrytown, N. Y., on January 15, 1882.

Carter, W. F., First Lieutenant and Asst. Surgeon. The seven days' leave granted him by order 195, C. S., Fort Concho, Texas, extended one month, providing he furnish an acceptable substitute during his absence, without expense to the United States. S. O. 160, Dept. of Texas. Dec 29, 1881.

BOOKS AND PAMPHLETS.

Longmans, Green and Company, London, England. Transactions of the Obstetrical Society of London. Volume XXII., for the year 1880. With a list of Officers, Fellows, etc., London, 1880.

George Viner Ellis, London, England. Illustrations of Dissections, in a series of original colored plates, the size of life, representing the dissection of the human body, with drawings from nature by Mr. G. H. Ford, from dissections by Professor Ellis. Volume I., second edition. Wood's Library of Standard Medical Authors, for January, 1882. New York: William Wood and Company, 1882; W. T. Keener, Chicago.

Ludwig Mauthner, M. D., Vienna, Austria. The Sympathetic Diseases of the Eye. Translated from the German, by W. Webster, M. D., and James A. Spalding, M. D. New York: William Wood and Company, 1881; W. T. Keener, Chicago.

John Ashhurst, Jr., M. D., Philadelphia, Pennsylvania. The International Encyclopædia of Surgery. A Systematic Treatise on the Theory and Practice of Surgery, by authors of various nations. Edited by John Ashhurst, Jr., M. D. Illustrated with chromo-lithographs and wood cuts. In six volumes. Volume I. New York: William Wood and Company, 1881; W. T. Keener, Chicago.

J. Hilgard Tyndale, M. D., 110 Rivington Street, New York, N. Y. Home and Climatic Treatment of Pulmonary Consumption on the Basis of Modern Doctrines. New York: Birmingham and Company, 1882.

Prof. Charles M. Moss, Bloomington, Ill. Non-Resident and Post Graduate Courses of Study at the Illinois Wesleyan University, Bloomington, Illinois, 1881.

Shobal V. Clevenger, M. D., 139 Thirty-Seventh Street, Chicago. Schmidt on Yellow Fever; read before the Chicago Biological Society, April 6, 1881. Reprinted from the Chicago Medical Journal and Examiner for May, 1881.

R. C. S. Reed, M. D., Cincinnati, Ohio. The Sanitary News, The Health Journal of the Mississippi Valley. Volume II., number 1, January, 1882.

W. C. Boteler, M. D., and F. C. Hoyt, M. D., St. Joseph, Missouri. Missouri Valley Medical Journal. Volume I., number 1, January, 1882.

Dottore Giuseppe Larponi, Pollenza, Italy. Sopra un Caso di Fortuita Infezione Puerperale, Soggetto Maschile. Estratto dal Giornale la Rivista Clinica, 1880.

Dottore Giuseppe Larponi, Pollenza, Italy. Storia di un Caso di Congestione Venosa Acutissima dell' Encefalo. Dal Bullettino delle Scienze Mediche di Bologna. Serie VI., Vol. VI.

Dottore Giuseppe Larponi, Pollenza, Italy. Glandola Timo in Adulto. Estratto dal Giornale di Medicina, Veterinaria e Farmacia di Piacenza.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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A NEW DEPARTURE.—The New York State Medical Society, at its last meeting, adopted a code of ethics which theoretically severs it from the American Medical Association and the medical societies in affiliation therewith. This code of ethics permits consultations with all legally qualified practitioners of the State, and consequently with homœopathists and eclectics. Some important issues naturally arise from this action. Was it really the result of a sincere desire to harmonize the so-called liberal irregulars and the regular profession, prompted by humanitarian feelings, as one of the clauses of this code declares; or was it adopted with the idea of driving the homœopathic specialists to the wall? As this code was adopted through the endeavors of a committee of specialists, as the society rejected the sensible code of ethics proposed by Dr. Roosa, "that no one should be disciplined except for conduct unbecoming a physician and a gentleman," and as certain of the members wanted rather unpractically to exclude all irregular practitioners from even practising medicine, it would seem clear that many members of the society did not fully understand what they were doing in adopting this code of ethics, and that it was passed to suit the private purposes of a few individuals. Be this as it may, its adoption cannot be regarded as a retro-grade step.

The New York Society is likely to be followed in this respect by other state societies. Will this policy benefit the public and profession? It may safely be said that, at least indirectly, it will. One great impediment in the way of securing legislation on medical topics, has been the absence of harmony between the regular profession and the homœopathists and eclectics; a harmony necessary to the passage of any desirable law. Mutual interconsultation with the homœopathists and eclectics will tend to render powerless their assumed air of martyrdom to principle, which has been the chief reason for their continued existence. It will also tend to break down the undue influence upon the public of the seeming magic words homœopathy and eclecticism. Against these advantages must be set the fact that the regular profession apparently sacrifices a principle which it has always strenuously maintained, but with what wisdom may be a subject of future discussion.

THE question now arises, will the American Medical Association exclude the New York State Society from affiliation? The New York State Society is a strong body, and to exclude it for even unprofessional conduct would create a dissension that the most conscientious devotee of our time-honored code of ethics would scarcely be

prepared to face. It may, therefore, be assumed that this erring sister will be received as usual at the St. Paul meeting. But supposing the American Association wished to exclude its New York members on the ground of their code of ethics, could it consistently do so? It could not. It has admitted to full affiliation in the Association a medical body that has for years contained homœopathic members of the strictest sect. Not a single voice has been raised against the representative from the Association of Medical Superintendents of Asylums for the Insane, although this Association now contains at least two homœopaths. The medical journals, therefore, who have chronicled the proceedings of the New York State Medical Society, with an expression of alarm at the possible results of its conduct at the next meeting of the American Medical Association, need not be troubled in view of the already noted precedent against taking any decided action on this question.

DOGMATISM IN SCIENCE.—For any medical association to take the position of a great church council, and lay down scientific principles on a dogmatic basis, is not with the spirit of these times. However justifiable in theology, dogmatism in science is a pernicious anomaly. The New York State Medical Society has seen fit to lay down principles for the guidance of medical experts, that will but raise contemptuous sneers on both sides of the Atlantic. At its late meeting, this body unanimously resolved, without discussion "That the true function of the medical expert is to expound and interpret the results of the pathological conditions, and that in the absence of disease he is not justified in drawing conclusions as to civil responsibility from moral manifestations of conduct, that department belonging exclusively to law." It must be obvious, at the first glance, that this resolution is absurd. What is meant by results of pathological conditions, and what by disease? Until these

terms are defined, the resolution is unmeaning; and if they are to be defined in the usual way, it is ridiculous. Idiocy, imbecility and monomania are not the results of disease, but of malformation; here there are no pathological conditions to produce results; consequently, idiots, imbeciles and monomaniacs should be left to the mercies of the lawyers, unaided by medical science.

The New York State Medical Society would gratify its scientific friends by exercising a little discretion in such matters. On the other hand, does the New York State Medical Society claim that all cases of insanity show other evidences of physical disease than the mental or moral manifestations? If so, its opinions are in conflict with every alienist from the days of Rush to the present time. If it means that the lawyers alone are to settle the question of responsibility, it must be ignorant that the legal standard of responsibility has stretched with the progress of medical science, and that the law has repeatedly said: "Nothing can be a fact in law which is not a fact in science." Does it mean to claim that moral manifestations are never the result of disease? If so, how does it explain the fact that progressive paretics often steal, or commit other offenses, long before the physical phenomena of this affection make their appearance? It is obvious, therefore, that this resolution was not scrutinized, but was passed in the hurry of business at the close of the session of the society. It should be forgotten as soon as possible that so scientific a body as the New York State Medical Society could have unanimously passed such a resolution.

UNPROFESSIONAL ASSISTANTS.—It has recently been decided by the Supreme Court of Michigan (North Western Reporter, June 18, 1881) that where a physician takes an unprofessional unmarried man with him to attend a case of confinement, and no real necessity exists for the latter's assistance, both are liable in damages, and it makes no difference that, at the time, the patient

or husband supposed that the intruder was a medical man, and so submitted to his presence without objection. Of the abstract propriety of this decision there can be no doubt; but in the individual case on which the decision was given, it appears to have done injustice, for there seems to have been a necessity for the attendance of the unprofessional assistant, as the physician was ill, overworked, and required aid in carrying instruments and a lantern necessary for travel on a stormy night, on a road impassable for horses. The conduct of both physician and assistant was marked by propriety and kindness. The house was small, and the separation of living room and bed room not perfect. It is, therefore, obvious that there was no unlawful intent on the part of the physician to intrude on the patient's privacy, and it would have been more just had the court taken intent, rather than act, as a basis for decision. The law holds, in many other matters, that intent is the chief point to be decided, and it would seem that a similar principle should have prevailed here.

XANTHELASMA MULTIPLEX.—Dr. S. MacKenzie (British Medical Journal, January 21, 1882) has recently reported two cases of this rare disease. The patients were brothers, aged forty-four and forty-six years. The disease in these cases was congenital; probably the cases were in this respect unique. A sister and a paternal grandfather had suffered from it. The disease presented the appearance of tubercles arranged in linear fashion, having a yellow wash-leathery look and being especially well marked about the necks and axillæ. There was no palpebral change. According to Duhring (Diseases of the Skin) the eyelids are, as a rule, the first portion of the body affected. There was no disease of any other organ. In this respect these cases agree with those reported by White, Fox, Carry and Duhring. The history of the patient's ancestry other than dermatologically could not be obtained.

DR. ALEXANDER FISHER, a prominent physician of Chicago, the father-in-law of Dr. J. N. Hyde, a graduate of the College of Physicians and Surgeons, Western District, New York, of the class of 1847, died February 13, 1882.

FIFTY YEARS A PHYSICIAN.—The Albany County, New York, Medical Society, has the graceful custom of celebrating the semi-centennial anniversary of the entrance into the profession of any of its members, by a dinner. During a period of seventy-five years, ten members have received this honor. February 11, 1882, Drs. Thomas Hun, Charles Devol, and J. B. Rossman were thus honored. The custom is certainly one worthy of emulation.

PURULENT RHEUMATISMAL CONJUNCTIVITIS.—Dr. Perrin (Le Progrès Médical, January 21, 1882) recently drew attention to the fact that there exists a purulent rheumatismal conjunctivitis. Conjunctivitis of this type must be rare. Dr. Perrin's cases seem to give evidence of an unmistakable relationship between purulent conjunctivitis and coexistent articular rheumatism. Dr. Perrin had found good results in these cases from the internal use of salicylate of soda, combined with incessantly washing the eyes by the spray of warm water.

TEMPERATURE AFTER SIMPLE FRACTURES.—Dr. J. W. Stickler, Orange, New Jersey (Medical Record, February 11, 1882), after a very careful examination and analysis of thirteen cases of simple fracture, comes to the following conclusions: First: That it is the rule, rather than the exception, for the temperature to rise after simple fractures of the long bones. Second: That the maximum elevation of temperature in the majority of these cases is reached during the first three days, or "the period of inflammation." Dr. Stickler ignores the relation of the nervous system to rise of temperature, although it must be obvious that this very frequently exerts an exceedingly potent influence.

TREATMENT OF PERTUSSIS.—Dr. Forchheimer (*American Journal of Obstetrics*, January, 1882) has adopted Letzerich's treatment of pertussis with insufflations of quinine, using one gramme of quinine and half a gramme each of pulverized acacia and soda bicarbonate, divided into ten powders; one powder is blown into the throat twice daily. He claims, after a very logical and critical examination of his results, embracing the treatment of ninety-two cases, as compared with those of other authorities, that his method corresponds to an ideal one in the following particulars: First: A positive effect is produced on the duration of the disease. Second: A positive effect is produced upon both the number and intensity of the paroxysms. Third: Complications and sequelæ are diminished. Fourth: Mortality is very much reduced. Fifth: Its prophylactic action must as yet be considered doubtful, yet the treatment requires more thorough testing.

INHERITED IDIOSYNCRASIES.—Dr. P. A. Betancourt, Cidon, Cuba (*Philadelphia Medical Times*, November 5, 1881) cites the following case where an idiosyncrasy toward belladonna appears to be inherited. He was called to attend a boy with acute bronchitis, and prescribed a belladonna expectorant mixture. On the same mixture being given to a child three months old, in doses proportioned to the child's age, the child presented symptoms of belladonna poisoning. The dose given was extremely small, and an explanation of its poisonous action was found in the fact that the mother was extremely susceptible to the action of belladonna, and had once suffered from symptoms of belladonna poisoning, on using a small quantity of belladonna ointment in supra-orbital neuralgia.

VACCINATION BY EAR-RINGS.—A woman, who had been recently vaccinated lent her ear-rings to a female friend, whose ears became vaccinated in the most approved but not the most satisfactory manner.

ERGOTINE INJECTIONS AND IRIDECTOMY.—Dr. C. Abadie (*Bulletin Générale de Thérapeutique*, November 15, 1881) claims that by the hypodermic injection of ergotine, before performing iridectomy or sclerotomy, the danger of intra-ocular hæmorrhage is, in most cases, avoided.

POISONING BY A CAOUTCHOUC MASK.—Dr. Simon (*Journal de Médecine et de Chirurgie*, December, 1881) cites a case of a nursing baby which was attacked by facial eczema, for which a caoutchouc mask was prescribed. The child was soon after seized with vomiting, diarrhoea and extreme prostration. The mask being removed, all these symptoms disappeared. Dr. Simon believes that the child was poisoned by sulphate of carbon, which is often generated in abundance from the caoutchouc. When the caoutchouc mask was replaced by a gutta percha one, no abnormal phenomena presented themselves.

CALENDULA AND BORACIC ACID IN OTITIS.—Dr. Samuel Sexton (*Medical Record*, December 31, 1881,) claims that the use of a mixture of calendula and boracic acid in aural diseases has yielded good results. The idea is not an entirely new one; the Germans have long used boracic cotton pledgets, and calendula has been occasionally used by the homœopathists. The mixture used by Dr. Sexton is made after the following fashion: Equal parts by weight of calendula and finely powdered boracic acid are taken. The calendula tincture is heated in a water bath at a temperature of 150° F. till it is of a pasty consistency, at which time one-half the boracic acid is added; this mixture being evaporated to dryness. The remainder of the boracic acid is then added, and the resulting mixture triturated. Both calendula and boracic acid are antiseptic, and it is probable that calendula singly or in this mixture would be of value as a local application to certain ill conditioned wounds. The homœopathists certainly obtain good results from it.

RELIGIOSITY AND SENSUALITY.—The relation between sensual practices and religious delusions among the insane has long been known to alienists. It explains the frequent sexual aberrations displayed by many fanatical sects. The prophets John of Leyden and Knipperdoling displayed it very strongly in their acts. This tendency has long been recognized as occurring among people of an average normal condition, even by many sincerely religious people. Mr. Spurgeon, in a recent sermon, said: "Let us not forget, too, that excess of spirituality is, by a strange but certain law, placed next door to sensuality." Facts of this kind being so well known to all alienists and to intelligent clergymen, it is not a little astonishing to find that medical journals deny that a man can have insane religious delusions, if he at the same time exhibits sensual peculiarities. The British Medical Journal has recently adopted the term religiosity, to express religious extravagances, and this example should certainly be followed.

AMYGDALOTOMY AND SUICIDE.—Dr. Rubio (Medical Times and Gazette), of the Institution for Medical Practitioners, Madrid, Spain, claims that there is a relationship between excision of the tonsils and suicide, a claim based on the study of four cases only. According to Dr. Rubio, the peculiar reflex relationships are the cause of this tendency to suicide. Of the four cases cited, the eldest a boy had just reached his fourteenth year; Dr. Rubio thinks that the ordinary causes of suicide were not here operative; hence the excised tonsils were at fault. This is simply bolstering up one hypothesis by another. Children have been at times known to commit suicide for very trivial causes, especially when of neuropathic diathesis. In many cases of neuropathic diathesis the tonsils are enlarged. In such cases it must be obvious that the suicide is due, not to the amygdalotomy, but to the diathesis. There

seems to be a tendency of late to ascribe all sorts of malign effects to amygdalotomy. First, loss of virility was charged to it, and that delusion having been disproved, this springs up in its place.

TREATMENT OF CRAMPS.—Dr. Bourneville (*Le Progrès Médical*, January 21, 1882) says that the results of the procedure used to terminate the artificial contracture produced in hypnotized hysterics, which consists in rubbing and tapping the affected muscles, have led him to experiment with similar methods in ordinary fleeting cramps of the muscles. A few taps with the hand, given as when trying the tendon reflex, will suffice to produce the rapid disappearance of these. The procedure is older than Dr. Bourneville seems to think it, but is none the less worthy of trial.

ALKAPTON IN THE URINE.—Dr. G. C. Armstrong (*British Medical Journal*, January 8, 1882,) has recently reported a case in which the urine of a child, perfectly normal in appearance when passed, assumed a deeper color on cooling, and stained the child's linen. On chemical examination the urine was found to contain a substance called alkapton, which is rarely present. Urine containing this substance behaves very much like urine containing sugar, but under the influence of liquor potassæ, without the aid of heat, the alkaptonic urine becomes brown. Bödeker from a case observed by him, concluded that alkaptonic urine presents the following characteristics: First: Strong alkalies darken the urine without the aid of heat, and the coloration proceeds from the surface of the liquid downward; that is, oxidation co-operates with the alkali. Second: Reduction, partially at least, of the copper test. Third: Non-fermentation with yeast. Of course this condition is very likely to be confounded with glycosuria. It is, however, a much rarer condition, and can, by the phenomena just mentioned, be diagnosed in most cases with great ease.

ROSEOLA VACCINIA.—Dr. W. H. Taylor (Cincinnati Lancet and Clinic, December 3, 1881) reports a certain condition resulting from vaccination, to which attention has been called by Duhring, Neumann and other dermatologists. A healthy child, five months old, was vaccinated for the second time within a month. Ten days after, in addition to the ordinary normal vaccine vesicle and axillary glandular enlargement, there was on other portions of the body a dark red papular eruption resembling measles. This eruption was especially abundant on the hands and feet, there becoming confluent and forming large blotches. The child's temperature had been high. Dr. Taylor also reported a case in which a vesicle similar to the vaccine vesicle appeared on the lips, and both ran the same course. In the discussion of these cases by the Cincinnati Medical Society, similar cases were cited by Drs. Stanton and William Judkins. Dr. John Davis cited similar cases, and also one in which he vaccinated a child, and four days after, when the papules were distinctly to be seen, he vaccinated the other arm. This was also successful and caught up with the first at the vesicular stage, both vesicles maturing at the same time.

VARIOLA SOON AFTER VACCINATION.—Dr. Vergely (Journal de Médecine de Bordeaux, December 18, 1881,) reports a case of variola coming on nine days after vaccination, the vaccine pustule not having yet dessicated. There was first seen a marked scarlatinaform rash which preceded the variola eruption for several days. The variola pursued its usual course thereafter. The vaccination also followed its ordinary course. Neither the vaccinia nor the variola appeared to exert any influence on each other. Dr. Vergely suggests that the patient may have been suffering from variola when vaccinated. The case presented also symptoms that might readily have led to a diagnosis of scarlatina. The early symptoms were by no means characteristic of

small-pox and many of them, the scarlatinaform rash, and certain throat symptoms, were more those of scarlatina. Dr. Vergely has seen two or three similar cases. In the discussion of this case, Drs. Moreau and Verdalle related similar cases. Some members of the society to which the case was reported, seemed inclined to regard it as being a case of variola complicated by scarlatina. This hypothesis, however, may be regarded as inadmissible.

REMOVAL OF THE UTERUS.—Dr. Atthill (British Medical Journal, January 28, 1882), Master of the Rotunda Hospital, Dublin, Ireland, removed the greater part of the uterus, by a modified Porro operation, in consequence of malignant disease of the fundus. There was little or no hæmorrhage, but the patient died thirty hours after the operation from septic peritonitis. It was shown on the autopsy that a portion of the malignant growth had been allowed to remain in the stump.

NEPHRECTOMY.—Dr. Le Dentu (Journal de Médecine et de Chirurgie Pratiques, December, 1881) has recently reported the case of a man who had a urinary fistula in the left groin, consequent upon an incision for a voluminous hydronephrosis. Life being menaced, extirpation of the kidney was decided upon. The kidney was found to be degenerated in its upper two-thirds, converted into a pocket with two folds. The inferior third was normal. The hilum was closed by a ligature of catgut and all beyond excised with scissors. Lister dressing was used. During the first few days there was extreme prostration, but the patient gradually regained strength and the wound was proceeding regularly to cicatrization. The inguinal fistula was cauterized with galvano-cautery, and healed rapidly. Cicatrization of the wound was complete at the end of two months. The urinary functions were perfect, the general state excellent, and the patient, who was an actor, was able to resume his occupation.

REDUNDANT SCROTUM EXCISION IN VARICOCELE.—Dr. R. J. Levis (Philadelphia Medical Times, November 5, 1881) claims that by excision of the redundant scrotum in varicocele, better results are obtained than by ligation of the spermatic veins, that the operation is much less dangerous, and the secondary consequences are not so pernicious. The operation is performed with the aid of the clamp devised by Dr. Henry. The excision should embrace a portion of the anterior and inferior part of the scrotum, fixing the clamp in the median line, or at the raphé, and drawing in the enlargement into its grasp, entirely away from the median line. The incision should always reach to the most dependent part of the scrotum, to favor drainage. Metallic ligatures, to hold the edges of the wound in close and accurate apposition, should be placed in position before the excision is made. They should not be more than a quarter of an inch apart. The scrotum should, after the excision is completed, be covered with a piece of lint, saturated with carbolized oil or cerate, held in position by an ordinary pelvic or perineal bandage, tightly applied, to prevent hæmorrhage and avoid œdema of the loose connective tissue of the scrotum.

CARBOLIC ACID INTERNALLY IN TYPHOID FEVER.—Dr. Van Oye, of Lille, claims (Le Progrès Médical, January 21, 1882), concerning carbolic acid, that it is an agent capable of acting on the nervous system of man and animals in such a way as to decidedly lower the temperature. Doses of carbolic acid which are without effect on the normal temperature may suffice to lower a febrile temperature. This depression of hyperpyrexia may occur among all febrile cases whether contagious or not. The depression of temperature may come on within a few moments after absorption of the remedy, may amount to one or two degrees and may last three or four hours, all dependent on the dose. This depression of temperature depends on

the loss of heat from the cutaneous hyperæmia and more or less abundant perspiration produced by the ingestion of the remedy. A chill and the phenomena of the febrile attack come on when the antipyretic action of the remedy has spent its force. The thermometer then rises rapidly to the height it had attained or even beyond that. A second dose may interrupt this febrile re-appearance and even prevent it if given in time. The doses sufficient for an antipyretic action have no toxic effect on the patient. The doses given by Dr. Van Oye seem large. He gives five centigrammes per rectum. There are certain dangers attendant upon the long continued use of the remedy; albuminuria, polyuria and pulmonary congestion. It must be obvious that although Dr. Van Oye's results tend to corroborate Dr. Desplats' researches which were mentioned in the Review, January 5, 1881 there is much of a dubious nature in them.

PLACE WHERE PEPSIN IS FORMED.—When pepsin, a natural ferment capable of dissolving fibrine, was first discovered, some forty years ago, it was thought that it was produced only by the mucous coats of the stomach near the cardiac orifice. Many of our older physicians will remember that this was the teaching of physiology when they were students. Later it was conclusively established that the pyloric portions of the stomach's membrane had also a peptogenic function, though in a less degree than the cardiac. This ratio has finally been established as about one to two. It is only within a short time that it has been suspected that pepsin was ever formed outside of the stomach. Recently pepsin or a pepsin-like substance has been found in the mucous membranes of the small intestines, in the blood, the lymph and the brain, and also in the lungs. The saliva has also a small portion of this substance. The physiologist is compelled to admit therefore that pepsin is a product of many tissues of the body.

OVER STUDY AMONG SCHOOL CHILDREN.—Dr. A. Leppman, of the Allerheiligen Hospital, Breslau (*Deutsche Medizinal Zeitung*, October 13, 1881), discusses the alleged effects of over study, as shown in patients committed to the psychiatric division of the hospital, and is of the same opinion as Virchow, that nervous and mental diseases among school children do not arise so much from over taxing weak intellects, as from certain causes arising from the existence or approach of the period of puberty. Another strong cause is the stimulation of the spirit of emulation, which has much the same effect as business worry among the adults. Most of the patients presented evidence of marked hereditary taint. The neuroses manifested among school children were, as a rule, those produced by nervous exhaustion. Epilepsy but rarely occurred. As a means of prophylaxis in neuropathic children, schools where the spirit of emulation is strongly cultivated should be avoided. The opinions expressed by Dr. Leppman have certainly much in common with the views of those who have studied the subject in the United States.

INFECTIOUSNESS OF TUBERCLE.—Dr. V. Lentz, Greifswald (*Glasgow Medical Journal*, January, 1882), has recently made certain experiments with the blood and urine of tuberculous animals, on rabbits. He injected into the trachea of six rabbits fresh blood of tuberculous rabbits. These rabbits, when killed from ninety-two to two hundred and sixteen days after, were found to have tubercle of the lungs and liver in four cases, and tubercle of the lungs alone in two. This blood was injected into the joint of one rabbit, followed by caseous degeneration of the joint in eighteen days, and tubercle of the lungs. Two rabbits were subjected for seventy-one days to air containing steam from freshly voided urine from tuberculous animals. On autopsy of these animals minute sub-pleural ecchymoses were found, and numerous peri-

bronchial tubercles. While these experiments would at first seem to be fairly conclusive, it must be obvious that there are in them many sources of error. For example, it is certainly an open question whether the result would not have been the same if the urine of non-tuberculous animals was used, more especially as most animals in confinement die from phthisis.

EXTIRPATION OF THE LUNG.—Gluck (*Berliner Klinische Wochenschrift*, No. 44, 1881), after several experiments on rabbits, concludes that since extirpation of the lung in these animals has been successfully performed, it may yet be considered admissible to perform this operation on man, in case of abscess or gangrene of lung, bronchiectasis, pulmonary cavities in, or tumors of the lung. He applies to the treatment of the lung the old maxim: "Where there is pus, cut; where there is hæmorrhage, ligate; where there is a tumor, extirpate it."

ANGER AND MYELITIS.—Dr. Brugeo (*Lyon Médicale*, November 6, 1881) reports the case of a woman, twenty-three years old, who, after becoming very angry, was attacked by dysuria, lightning-like pains and ataxia of the lower extremities. Paraplegia, anæsthesia and vesical paralysis subsequently appeared, and the patient died from decubitus. At the autopsy there was found to be an inflammatory process affecting the posterior columns and the anterior root zones. There was a secondary degeneration of the columns of Goll, extending from the first lumbar vertebra upwards until the degeneration involved the floor of the fourth ventricle. Brugeo regards the anger as being the cause of the disease, causing first a vasomotor disturbance, which persisted for a long time, in consequence of the woman dancing all night after being angry. While there is no essential improbability in the present case the relation between cause and effect has not been clearly established.

FALLING OF THE HAIR.—Dr. J. V. Shoemaker (Medical Bulletin, February, 1882) claims that he has obtained very good results in cases of general thinning of the hair, arising from dandruff of the scalp, by use of the following mixture: Tincture of saponin, one and one-half ounces; fluid petroleum, one ounce; oleate of mercury, one and one-half ounces. This mixture is to be shaken well; after which a small quantity should be applied to the scalp and well rubbed in.

UNILATERAL HEMIOPIA IN LOCOMOTOR ATAXIA.—Dr. Gowers (British Medical Journal, December 17, 1882) reports a man, aged forty, who was the subject of locomotor ataxia in an early stage. After a gradual impairment of sight, he suddenly became unable to see in the outer side of each eye. The optic discs presented grey atrophy; vision of the right eye was qualitative only; with the left he could read Jäger twelve at five feet. The hemiopia was probably due to some disease involving the chiasma. A similar case has been recorded by Prietel, which would seem to indicate that the connection of the hemiopia and locomotor ataxia was not in this case purely fortuitous.

ACUTE FOLLICULAR TONSILLITIS.—Dr. Morton Prince (Boston Medical and Surgical Journal, February 2, 1882) discusses in an extended paper the question whether acute follicular tonsillitis is not at times a constitutional disease, and comes to the following conclusions: First: There is no constant relation between the local inflammation and the constitutional symptoms. Second: There is no constant relation between the local inflammation and the height of the fever. Third: There is no constant relation between the height of the fever and the remaining constitutional symptoms. Fourth: The fever is often so high as to be far out of proportion to the local symptoms, which may be slight. Fifth: With slight fever and slight local inflam-

mation may co-exist severe constitutional disturbances. Sixth: The disease occurs in an epidemic form when it is undoubtedly constitutional. Seventh: There are strong, though not conclusive, reasons for believing it to be more or less infectious. Eighth: The frequency with which it occurs in hospitals is such as to be best explained on the theory of a septic action on the system. Ninth: It is probably often mistaken for diphtheria, from which it differs greatly in its course and symptoms. While Dr. Prince does not claim that every case of catarrhal sore throat is a constitutional affection, he claims that there is good reason to believe that there is a very frequent form of sore throat in which the follicles and mucous membrane of the tonsils are chiefly involved, which is the localized expression of an essential fever which has not been generally recognized.

PUNCTURE TREATMENT OF VARIOLA.—“Dr.” Scheff, an ex-peddler, resident among the Polish population of New York city, proposed to treat small-pox by puncturing the vesicles. He had a few applicants for this system of treatment, and, as a consequence, six out of his ten children have been attacked by variola, and in consequence removed to the Riverside Hospital. The case illustrates one of the many ways in which cupidity and ignorance may spread this disease.

BODY TEMPERATURE AND THE ALKALOIDS.—According to Hőgyes (Archiv für Experimental. Pathologie und Pharmakalogie), strychnia, nicotina, picrotoxin and veratria cause increase of temperature. Quinia and aconitia decrease it. Judging from other experiments, there are times when strychnia certainly diminishes temperature, particularly in certain malignant malarial fevers. These researches seem rather impure and imperfect; while true, they are not the whole truth, and likely to lead to therapeutical errors, as dose is not considered by Dr. Hőgyes.

LOCAL.

THE HEALTH DEPARTMENT

expended about two thousand, nine hundred dollars for vaccine virus in January. This is equivalent to about thirty-two thousand, two hundred points.

MERCY HOSPITAL.

At the examination for internes of this hospital for the year beginning April 1, Messrs. E. L. Hollister and J. G. Hoag, of the class of 1882, Chicago Medical College, were the successful competitors.

COOK COUNTY HOSPITAL.

There are at present about three hundred and twenty-five patients in this hospital, forty being under homœopathic control. Dr. Fenger recently operated for strangulated inguinal hernia, but the patient died from gangrene, which commenced before the radical operation was performed. In an autopsy on a patient, seventy-two years of age, who died from phthisis, there was found pneumonia of the right lung and ulceration of the right bronchus, in which a penny was found.

January 10, a patient was admitted to the hospital, suffering from typhoid fever. He made a good recovery, but on February 1, was attacked by diphtheria, and five days later, facial erysipelas and a scarlatinaform eruption appeared, in consequence of which he died. Dr. Baxter recently performed exsection of the tongue with the *écraseur*.

DIPLOMA VENDING.—A Buchananistic diploma factory has been established at Detroit, under the name of the "Detroit University." According to the *Detroit Lancet*, there is no law in Michigan to prevent its selling diplomas.

KEITH AND ANTISEPTICISM.—According to the *Boston Medical and Surgical Journal*, Mr. Thomas Keith was led to his renunciation of Listerism through using a solution of carbolic acid one-tenth stronger than that prescribed by Mr. Lister.

ORIGINAL CONTRIBUTIONS.

*BACTERIA AND DISEASE.**

BY R. MOLLENHAUER, M. D., NEW YORK CITY.

The question whether bacteria do or do not produce disease, has given rise, during the last ten years, to many experiments and discussions, and is nevertheless far from being settled to-day. I call your attention to this question chiefly in the hope of provoking an informal discussion.

Some observers hold that putrefied matter is sufficient, independently of any contained bacteria, to poison the blood of living animals, while others maintain that it is by the bacteria that both putrefaction and the virulence of putrid substances are engendered. That absorption of putrid matter into the blood is capable of causing death, was, as Piorry informed us, experimentally verified in 1815 by Orfila, who killed dogs by the inoculation of putrefied blood, bile and fragments of tissue. Later, in 1827, Hamont (quoted by Caze and Feltz) destroyed two horses, the one by injecting into the blood putrid pus taken from a gangrenous abscess, the other by inoculation with the blood of the former. In an article on "Typhohémie," Piorry, in 1835, described the symptoms of the disease, which was afterward, at his suggestion, called septicæmia, ascribing its generation to the absorption of putrid matter through the skin, lungs, intestine or the surface of a wound. Gosselin (*Mémoires de la Société de Chirurgie*, 1855) published the theory that the symptom-complex now known as septicæmia, was produced by reception into the blood of putrid matter, taken up by granulating wounds and the marrow of bones. Panum (*Virchow's Archiv*, volume XXV., 1862) mentions a non-volatile septic poison, insoluble in absolute alcohol, soluble in water and indestructible by prolonged boiling. About the same time Robin held that substances in which putrefaction had brought about an isomeric change of the fundamental principle, exert a catalytic effect upon the humors and tissues of the living animal body when in contact with them. Bergmann ("Das Putride Gift," 1868) expresses his opinion that the toxic action of putrid organic matter is due to a diffusible nitrogenized virulent substance, which resists alcohol, ether and boiling, and is formed during putrefaction. In the

*Read before the Manhattan Medical and Surgical Society, January 7, 1883.

same article he emphatically denies the virulence peculiar to inferior organisms.

This declaration leads us to the consideration of the "Germ" theory. In his "Phycologia Generalis," 1843, Kützing referred bacteria to the tribe of Palmellæ, of the order Algæ. Bastian (Beginnings of Life, 1872) placed them in the order of Amœbæ. The bacteria are colorless microscopical organisms which occur chiefly in two forms; either as rounded or oval bodies, measuring in the average one thirty-thousandth of an inch in diameter, or rod-like and jointed, measuring usually from one twelve-thousandth to one nine-thousandth of an inch in length. The rod-like and jointed forms mostly execute oscillating and spiral movements, while the rounded ones are generally motionless. All forms of bacteria, which may conveniently be distinguished as ball bacteria, bag bacteria, rod bacteria, thread bacteria, and spiral bacteria, are, according to Billroth, combinations of spherical or cylindrical bodies, which he calls cocci, from the resemblance they have to berries; kokkos, a berry. These cocci, he says, include in their interior germinative spores; that is, glistening, dark-bordered globules, endowed with such a powerful vitality that they resist freezing, boiling and drying. Bacteria are said to multiply by scission, and they vegetate either singly or in groups. According to Cohn, Billroth and Burdon-Sanderson, there is no genetic relationship between bacteria and fungi, and the resemblance between the yeast plant, which belongs to the fungi, and the ball bacteria, which belong to the algæ, is merely an external one. This statement is based on two facts; one being that bacteria are destitute of the mycelium, which characterizes fungi, the other that Pasteur's liquid, exposed to the air, gives rise to the development of mould, and not of bacteria; while this same liquid, when impregnated with a drop of water containing bacteria and then excluded from the air, develops bacteria and not mould. (Pasteur's liquid: One hundred parts of water, ten parts sugar crystals, and one part tartrate of ammonia. This is the best liquid for cultivation of fungi and bacteria).

One of those by whom the bacteria were brought into relation with medical science, was Hallier, professor of botany in Jena. He asserted that all infectious diseases were caused by micrococcus spores entering into the capillaries of the human organism,

in which they multiplied. Previously, during the cholera epidemics of 1865 and 1866, they had been discovered in the stools of cholera patients by J. M. Klob. Pasteur, about the year 1869, advanced the doctrine that inferior vegetable organisms are essential elements of the two analogous processes, fermentation and putrefaction, and that the inferior organisms of the latter, the bacteria, represent the active principle in most, if not all, poisons. It would seem, according to Pasteur, that fungi produce fermentation, and bacteria, putrescence. One of the most enthusiastic defenders of Pasteur's theory, also a diligent cultivator of bacteria, is Cohn.

In opposition to this view, most chemists regard fermentation and putrefaction as processes independent of any organisms. According to them, fermentation is that process which occurs in an organic compound when exposed to the air, by which, under the influence of a nitrogenized substance undergoing incipient decomposition two changes take place; First: Destruction of the chemical affinity which holds the molecules of that compound together; and second: A rearrangement of the molecules in a new product. Compounds which may be incited to ferment are called fermentable substances, and are either ternary or quaternary compounds. Substances capable of inciting fermentation must always be compounds containing nitrogen, termed ferments. Ferments are albuminous or protein substances. Fermentation is, according to Liebig, that variety of putrescence, which engenders no odor, or at least no disagreeable odor. Since ferments are always in a state of more or less advanced decomposition, they are almost constantly inhabited by inferior organisms, which, however, take no active part in fermentation and putrefaction.

As regards the distribution of bacteria, they are met with, according to Cohn, in one form or another, in all water and as germinating spores in the air; also, according to Billroth, in most animal tissues. Billroth thinks that the germinating spores can withstand a temperature of more than 212° F. Both Cohn and Billroth agree that at the freezing point, all the forms of bacteria lose their power of motion and multiplication, and consequently their power of causing fermentation and decomposition, temporarily, but regain it as soon as the temperature is raised. It is said that

Billroth has observed spores which germinated after eight years had elapsed.

Numerous experiments and observations have been made for the purpose of showing that bacteria can poison the blood; but I fail to discover such proof. I will discuss these experiments in chronological order as far as possible. Mayrhofer, in 1863, claimed that puerperal fever was due to filiform bacteria, since these, while sparingly present in the lochia of healthy lying-in women on the fifth day after delivery, were found abundantly in the uterine secretion of patients with puerperal fever immediately after puerperium. This observation, however, evidently proves neither more nor less than that in patients suffering from puerperal fever the lochia may become highly putrescent very early. Cohn asserts: The more bacteria present, the higher the grade of putrefaction engendered. I, on the other hand, claim that wherever there is putrefaction, there will be found bacteria; also, the higher the degree of putrefaction, the greater the number of bacteria; the earlier the putrefaction sets in, the earlier these low organisms appear. Again, since Mayrhofer claims bacteria are less numerous, and at a later period also make their appearance in healthy puerperæ, it may well be asked how large a proportion of bacteria is necessary to produce putrefaction and danger to the patient assailed. When we are informed (*Jahrbücher der Gesellschaft der Aerzte in Wien*, 1863) that this observer subsequently injected a putrid infusion of meat into the uterus of a rabbit soon after delivery, and that thereupon endometritis and death under septicæmic symptoms took place; we fail again to understand how these results could be ascribed to bacteria, unless Pasteur and Cohn's theory, according to which bacteria generate putrefaction, be accepted.

Full of interest are the experiments instituted in 1865 by Coze and Feltz, and afterward, Davaine, of injecting putrid matter and more or less decomposed blood into the circulation of several animals of the same kind; especially rabbits and guinea pigs. By inoculating an animal with putrid animal matter, as pus taken from a gangrenous abscess, in sufficient quantity to kill, then the next victim with the blood of the killed one, a third with the blood of the second, and so on, they ascertained that the poison contained in putrid matter acquired additional virulent

power by its transmission through living organisms, since it took less of the poison to kill the second than the first, and still less to kill the third than the second, and finally an exceedingly minute quantity, the one ten-trillionth part of a drop, to kill the twenty-fifth rabbit. These experiments are apt to give rise to the idea that the albuminous compounds of the blood, after being brought in contact with a putrid substance, become destroyed, and that their molecules rearrange themselves during that decomposition in such a manner as to form a virulent combination. This satisfactory explanation, given by Robin dispenses with the aid of bacteria in the production of the virus. The last mentioned experiments were severely criticised by Vulpian, who showed that the reaction of the blood, after its contamination with putrid matter, depends greatly on the previous strength, health and general condition of the individual thus infected. Here I may adduce Vulpian's statement that "rabbits and other animals which were, when under confinement, made the subjects of repeated experimentation with putrid injections, died, while most of those which ran free and were well fed, recovered, without having sustained any serious harm; the injections being only followed by local unhealthy abscesses."

The adherents of the germ theory were assailed by a very able opponent, M. Onimus, who has, in a paper submitted to the French Academy in 1873, reported the following experiments, made under the direction of Robin: After placing putrefying blood in a bag of animal membrane, he immersed the whole in a vessel containing distilled water, and found the latter, after a few hours, full of bacteria. Now, while inoculation with the same putrid blood brought on the usual results, and even then when it had been subjected to various processes which removed or destroyed the bacteria, it was found, on the other hand, that the water impregnated with bacteria could be inoculated without producing any septic symptoms. From these observations he drew the conclusion that the virus of putrid infection is not an organized ferment, not bacteria, but an albuminoid substance.

Soon after these observations the study of the conditions under which bacteria might be expected to occur became more general. The liquids and tissues of the body during septic diseases, and after

death from the same, were more frequently subjected to careful examinations. Cunningham (in Calcutta, 1874) claims that ball bacteria may be present in great numbers in pus taken from wounds when no fever exists, and that their appearance in the secretions of a wound has no immediate relation to the unfavorable course of a traumatic inflammation, or with pyæmia; that the pus from cavities communicating with the external air almost constantly contains ball bacteria (micrococci), while the patients nevertheless may remain perfectly free from fever and make good recoveries.

Bergeron (in a paper presented to the Academy of Sciences, 1875) stated the results which he obtained by examining the pus of eighteen closed abscesses; namely, that he found bacteria in all the hot abscesses of adults, but neither in cold abscesses nor in hot ones of patients younger than twenty-two years, and that the presence of bacteria was not attended by any serious symptoms.

Billroth asserts that in ulcerative diphtheria and hospital gangrene, ball bacteria, distinct or united in rosary-like chains, were met with abundantly, but that pus freshly taken from cold abscesses, caused by injury to bone or joint, was never found to contain bacteria; that these organisms were observed in some cases of erysipelas to inhabit the bullæ, while they were wanting in other cases of the same disease; that in a dissection wound, followed by lymphangitis, the pus was free from them; that no bacteria were discovered in thick pus taken from several cases of completely closed abscesses. He also cites the case of a man, aged fifty-four, who having injured the skin over his shin by friction against the hard edge of his boot, continued after this occurrence to work for ten days, and was admitted to the hospital, presenting evident symptoms of septicæmia and an œdematous phlegmon of the outer half of the thigh, which, on incision, discharged a clear liquid perfectly destitute of bacteria; the patient became affected, on the twelfth day after the operation, with pneumonia, from which he died.

These observations show that bacteria may be present without causing serious symptoms, while on the other hand, notwithstanding their absence, septicæmia may take place, merely from traumatic phlegmons or phlebitis.

V. Feltz, in 1875, stated that old putre-

fied blood, in which no trace of life could be discovered, exhibited the same toxic action as that in which bacteria were active. The statement would compel us to infer that the septic action of such material must be ascribed to some chemical agent in it, not identical with bacteria. Another evidence of the innocuous nature of bacteria was furnished by Hiller, who having (*Centralblatt, für die Medicinischen Wissenschaften* February 1874) by various processes removed from putrid matter everything except the bacteria, experimented with the latter in a twofold manner, by employing a part for inoculation and the remainder for cultivation in Pasteur's liquid; found that while they vegetated very lively in that liquid, their inoculation into thirty-two animals produced no other result than dead bacteria at the place of inoculation or injection.

Much has been said about the appearance of bacteria in the blood. In healthy blood, except perhaps that of the portal circulation, these organisms cannot subsist, owing to the energetic exchange of nutritive material going on in this liquid. It must become abnormal before they can occur in it. Cunningham (in Calcutta, 1875) found large quantities of bacteria in the blood of a dog just before he died in a state of great depression from extensive peritonitis, caused by ammonia injected into the peritoneal cavity.

The diseases in which bacteria have really been found in the blood amount to four only, they are: Septicæmia, relapsing fever, splenic fever and pneumo-eneritis of the pig. The two latter diseases are confined to our domestic animals, though splenic fever is communicable to man. These diseases are all characterized by an affection of the spleen, lungs, heart and intestines, accompanied by hæmorrhages or ecchymoses in various organs and metastatic abscesses, alterations depending upon a depraved condition of the blood and resembling those of typhus fever. It seems, therefore, probable that the presence of living bacteria in the blood of patients in the latter stages of these four diseases must be ascribed to the deteriorated condition of that fluid, which has become, in part at least, the very pabulum on which these inferior organisms subsist, and that none of these diseases are not due to them, but to some unknown albuminoid substance which has entered the blood.

To investigate splenic fever (which chiefly

attacks sheep, cattle, hogs and horses, and may be communicated to smaller animals through inoculation of the blood, which almost constantly contains motionless rod-like bacteria, called *bacilli anthracis*), the French government, in 1869, appointed a commission, consisting of Bouley, Teilhard, Lathirisse, Maret, Tournadre, Bonnet, Bailot, Chauveau, Richard, Felgières, Messonier and Sanson. They ascertained: First: That splenic fever can be communicated by inoculation even with blood quite destitute of bacteria. Second: That the anthrax-blood containing bacteria loses by desiccation its virulence, which it does not regain on addition of water, though the bacteria may still be present. Third: That the blood of rabbits dying from splenic fever invariably contains bacteria, whether the disease had been brought about by inoculation with blood free or not free from bacteria. Fourth: That the blood of calves and sheep dying from this disease after inoculation did not always contain these organisms, and it proved equally virulent with or without them being present.

In septicæmia the blood is rather rarely found to contain bacteria, as a rule, only near the wound, from which the disease takes its origin. Vogt (*Centralblatt für die Medicinischen Wissenschaften* No.44, 1872,) met with crowds of ball bacteria in blood taken from the skin of a pyæmic patient, near the point at which amputation had been performed, as also in pus from a metastatic abscess in the wrist, while very few were discovered in blood taken from other parts of the same patient. The pathological alterations found in animals killed by inoculation with septicæmic blood closely resemble those of septicæmia in man, since they are developed in the form of peritonitis, pleuritis, intumescence of the spleen, pneumonia, renal congestion, jaundice, and hyperæmia of the intestines; but their blood rarely exhibits bacteria; perhaps minute granules of a dubious nature. Finally, all symptoms of septicæmia may be present without the appearance of bacteria in the blood. Wolff (*Virchow's Archiv*, December, 1873,) saw cases of acute pyæmia and septicæmia in which the blood was free from bacteria, although the pus of the wound contained them and brought about fatal effects when inoculated upon healthy animals.

The pneumo-enteritis of the pig has been studied by E. Klein, during 1878. His experiments and observations resulted in

the following statements: First: Fresh blood of diseased animals is, as a rule, free from bacteria and innocuous when inoculated upon a healthy animal. Second: Lymph from the inflamed peritoneum, particles of the ulcerated intestine, the inflamed lung or spleen, as also the frothy sanguinio-purulent contents of the trachea and bronchi proved infectious, when properly cultivated. Third: The virus was cultivated in the following manner: He impregnated with a minute portion of liquid lymph from the inflamed peritoneum a drop of fresh aqueous humor taken from a rabbit. The whole, placed upon a glass slip and secluded from the air, was then kept in the incubator for twenty-four hours, at a temperature of 91° to 93° F. With a minute portion of this fluid another drop of aqueous humor was inoculated and treated in the same manner; from the latter a third, representing the third generation of the virus. Two animals, inoculated with this latter matter were attacked by the disease. Two other animals were infected by inoculation with virus of solid lymph from the peritoneum, cultivated in the same manner as the liquid lymph. Fourth: Microscopical examination of the cultivated liquids showed that they were inhabited by delicate rod-bacteria, thinner than *bacillus anthracis*. Fifth: Healthy animals when confined with the sick, soon become affected with the disease, and this seemed to be a natural consequence, since the sanguinio-purulent contents of the trachea and bronchi must impregnate the breath with the virus.

From these experiments it appears that the virus does not reside in the blood, but in the exudations of the diseased animals. The circumstance that particles of the latter, transferred into aqueous humor gave, in conjunction with this material, rise to an infectious product is suggestive merely of virulence of the original albuminoid matter, and not of any influence of the bacteria, which are to be regarded as epiphenomena.

A peculiar form of bacteria, called spirillæ, is found in the blood of patients suffering from relapsing fever, which derives its name from the singular periodicity of its exacerbations. The first pyrexia, lasting from two to six days, is followed by an apyrexia of eight or nine days, after which another paroxysm with subsequent remission sets in, lasting four or five days, whereupon either recovery under profuse perspiration, or a repetition of the parox-

ysms takes place. The spiral bacteria resemble in shape a corkscrew, move very rapidly and appear in the blood shortly before or during the period of pyrexia, and are wanting during the apyrexia. The advocates of the germ theory claim that these bacteria die at the end of each febrile paroxysm, leaving their spores behind, from which a new brood arises, which incites another paroxysm. It is also asserted by observers, the first of whom seems to have been O. Obermeier, of Berlin, that the disease can be transferred from individual to individual by inoculation with blood, provided it is taken from the patient during the period of pyrexia. When the defenders of the germ theory speak of spores during apyrexia, it may well be said that as yet they have not been discovered, and when they hold that each exacerbation of the fever is due to a new brood of spirillæ; it can be claimed with equal probability that each exacerbation is due to a fresh generation of the specific virus, which repeatedly results from an isomeric change of the albuminoid substances of the blood, and that this virus, as a ferment, becomes, like other ferments, the abode of inferior organisms, which have no effect in the production of the disease.

While the existence of bacteria in the blood during certain diseases could not but be doubted by many, there were also made experiments, which would seem to prove that the germs of bacteria are contained even in the blood of healthy animals. Tiegel cut small pieces from different organs, particularly the spleen, of healthy animals just killed and immersed such specimens, fastened to a boiled silken thread, into boiling paraffine, in which they were kept long enough to allow this substance to form a thick layer around them. This covering might be supposed to preclude the invasion of the pieces by living germs from without, yet bacteria were found in them. These experiments somewhat modified and improved were repeated by Burdon Sanderson, and yielded the same result. Hence it was presumed that the germs of bacteria existed in the organs, before these pieces were plunged into the hot liquid, and that these germs continually invade the blood through the portal circulation, though they cannot develop into bacteria within the systemic circulation of the blood so long as this fluid is not depraved by some other cause. But this view was soon shown to be illusory by Chiene and Ewart,

who found that, if these pieces were cut under a spray of diluted carbolic acid, the subsequent experiment failed to find bacteria. Here, then, is an observation, which renders the occurrence of bacteria in the living blood under all conditions doubtful. If their appearance in healthy blood was finally recognized as an illusion, their seeming appearance in unhealthy blood may in time have the same fate. It is not impossible that depraved blood, as soon as it is withdrawn from the living body, attracts spores floating in the air, and that the especial form of bacteria subsequently found in the specimen depends on the special kind of blood-depravation.

SEPARATION OF HUMERAL EPIPHYSIS DURING DELIVERY.

BY H. T. GODFREY, M. D., GALENA, ILL.

I suppose epiphyseal separation during delivery is not a very rare accident, but as the mechanism of the following case is rather uncommon I have ventured on its report, hoping that it may prove of interest to the readers of the Review.

I was called to Mrs. R., primipara, æt. twenty-two, about midnight, September 1, 1881, and found her in first stage of labor, vertex presentation, L. O. A. position, pains moderate, progress slow from rigidity of the os which, however, dilated slowly without interference, and at five A. M. was fully dilated, water broke, head descended dilating perineum, which was also rigid, and finally escaped from the vulva. I supported the head, expecting the rapid completion of labor, but after three severe pains without advance I made examination and found the shoulder firmly held above and behind the symphysis pubis. This position was maintained by the firm contraction of the perineal muscles, acting on the shoulders of the child, and making an obstacle which the uterine contractions were unable to overcome.

To remedy this position I inserted my index finger in the axilla, in the interval of pain, and drawing the shoulders backwards, held the body clear of the symphysis and awaited another pain, which on its arrival, ejected the body so rapidly as to give me no time to disengage the steadying finger. The humerus acting as a lever over my finger, parted with an appreciable snap. One pain terminated the labor, but the humerus was found separated at the epiphysis. The child, a male, was healthy

and well formed, and weighed about ten pounds. The humerus was dressed with well padded pasteboard splints and was soundly united in three weeks. Both mother and child did well.

A SIMPLE, CHEAP AND USEFUL URINAL.

BY M. P. HANSEN, M. D., MILWAUKEE, WIS.

With a desire to contribute to the substantial comfort of a very large class of sufferers, and relieve the members of the profession from a great embarrassment sometimes met with in practice, I will describe a very simple contrivance which I have found very serviceable.

The urinals furnished by the Goodyear Rubber Company are of great utility to thousands, and are all that can be desired for males, while in the erect position; but they fail just where needed most, when the patient is recumbent. Many lives are made burdensome by the lack of an instrument to meet these indications. I have been able to surmount these difficulties completely in many cases, by taking a thin rubber sack, sold at the rubber stores under the name of condoms, and perforating the lower end of this; then taking about six feet of rubber tubing, putting into the end of this a piece of glass tube, about an inch long (a piece of pipe-stem will answer); then the rubber tube, with glass in it, should be thrust through the hole in the bottom of the sack, and both tied over the glass with a piece of twine. Apply to the penis, high up, and put the floating end of the rubber tube into any reservoir under the bed, and the instrument as thus constructed is very useful. It answers equally well for weakly male children who are old enough to be taught to use and appreciate it.

At my suggestion, the Goodyear Rubber Company will manufacture some urinals after this pattern, more substantial and complete than can be extemporized.

NEW POSITION FOR A SPECULUM.—According to a local paper, during a recent fracas a speculum of bone was driven into a man's spinal cord by a pistol shot.

DR. C. W. JARVIS has recently been appointed Lecturer on Laryngology in the Medical Department of the University of New York City.

CORRESPONDENCE.

EPIDEMIC MEASLES—NEW YORK STATE MEDICAL SOCIETY— NEW CODE OF ETHICS.

NEW YORK, February 26, 1882.

Measles appeared in the Nursery and Child's Hospital, at Lexington avenue and Fifty-first street, on January 20. It has since become epidemic, and out of about seventy cases there have been twenty deaths. It must be said, however, that of these twenty cases of death twelve were from measles, attended with other complications, or were of sickly children whose hold on life was at best feeble. It was said at the hospital that the present epidemic was not more alarming than epidemics in former years.

THE NEW YORK STATE MEDICAL SOCIETY

Held its annual meeting at Albany, February 7, 8 and 9. It was fairly well attended, but one thing was evident, the Society does not embrace many of the chief working members of the profession in the state. Even many of the best papers presented were not read by members of the Society, but by physicians, who although known in both hemispheres, were only permitted to read papers by courtesy. Certain rather remarkable resolutions were passed; one of these severing the affiliation of the Society with the American Medical Association, by reason of its permitting consultation with irregular physicians holding a diploma from a legally established medical college. The address of Dr. Jacobi, the president, dealt chiefly with the subject of taking from the diploma its right to license the practice of medicine, favored consultation with the "liberal" homœopaths and advised the establishment of fever hospitals for children, where poor and rich could be alike treated. It directed attention to the supervision of children employed in factories, and concluded by various self-laudatory reminiscences. The address took the usual course of being referred to a special committee. Drs. D. B. St. John Roosa, New York, W. S. Ely, Rochester, and C. K. Lee, Oswego, were appointed the Business Committee. Drs. Robert Frazier, Oneida, F. R. Bentley, Ontario, and William Taylor, of Madison, were appointed Committee on Credentials. Drs. E. C. Seguin, New York, J. B. Stonehouse, W. Geoghegan, T. P. Bailey, G. B. Tefft, Lewis Balch, S. O. Vanderpoel, Jr., J. F.

Lockwood, H. R. Starkweather, S. R. Morrow, C. F. Huddleston, L. Hale, J. Thompson, W. J. Nellis, A. B. Husted, O. Ritzmann, P. J. Keegan, J. W. Gould, Albany, L. E. Felton, Potsdam, B. Babcock, Allegheny, S. Peters, Cohoes, were elected members by invitation.

The Committee appointed at the last meeting to revise the Code of Ethics, made a report embodying a draft of a Code of Ethics. The only thing new in the first section of this is the following clause. "It is derogatory to the dignity and interest of the profession for physicians to permit their opinions on medical and surgical questions to appear in the newspapers through the medium of reporters or interviewers, or otherwise." The section contains the clause already alluded to, which severs this State Society from the American Medical Association. It reads as follows: "Members of the Medical Society of the State of New York, and of the societies in affiliation therewith, may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions should, in the judgment of the practitioner, yield to the demands of humanity." The last clause contains an injunction to the county medical societies to discipline the members who bring medical controversies before the public.

Dr. Sturgis read a paper on "Medical Education," and recommended: First, the absolute incorporation of medical schools with some chartered school or university, making the governing bodies of both the same. Second: Endow the school liberally for educational purposes, and thus make its support independent of students' fees. Separate the right to practice from the diploma. The latter should then be a token of proficiency in study and its possession be necessary before any one can present himself for authority to practice. Dr. Moore of Rochester, wanted to put the authority to license in the hands of the State Medical Society, and wanted to exclude the holders of diplomas from irregular schools. Neither of these two measures were practicable, and it was obvious that this gentleman did not see that by such remarks he was somewhat stultifying the society after it had adopted the clause respecting consultation with irregular practitioners, contained in the Code of Ethics. Dr. Piffard supported Dr. Sturgis' position.

Dr. E. R. Squibb, of Brooklyn, read a paper on "Clinical Thermometers," in

which he gives the following requisites for a good instrument: First: The mercury should not rise too slowly; if it does, the bulb is too thick; if too rapidly, the bulb is too thin. Second: If the time required to reach the maximum under the tongue be more than nine minutes, the thermometer is too slow. The thermometer should attain the maximum within nine minutes, remaining stationary four or five minutes. Thermometers attaining the maximum early are easily broken. Third: A self-registering thermometer should not have its index shaken down too rapidly. When the register has joined the column, its usefulness is spoiled.

Dr. W. S. Ely read a "Note on Beef Juice." Dr. S. O. Vanderpoel read a paper on "The Present State of the Tuberculosis Question," taking a compromise view between that held by Laennec and that held by Niemeyer. This paper was discussed by Dr. Jacobi, after which Dr. W. W. Potter of Buffalo, read a paper on "Genupectoral Posture in Retro-displacements of the Uterus, and Prolapsus of the Ovaries." Dr. E. M. Moore, of Rochester, reported a case of "Extraordinary Bone Development."

Dr. E. C. Seguin read a paper on the "Effectual Dosage of Certain Remedies used in the Neuroses." He called attention to the fact that much larger doses of certain neurotics could be used than was generally done. Nitrate of silver had been used with advantage by him in locomotor ataxia and myelitis, in doses of from one-quarter to one-half a grain thrice daily before meals. He had never seen argyria follow its use. Dr. Seguin found aconitine valuable in neuralgia, commencing in weak females with one three-hundredth of a grain, and pushing to one one-hundredth. The fluid extract of conium could also be given in much larger doses than was done.

This paper was discussed by Dr. Chase, of Brooklyn, who reported a case of supra-orbital neuralgia, in which he gave one seventy-fifth of a grain of aconitia three times a day. After six or seven days, prostration resulted, but no other bad result. Dr. Seguin claimed to have given as much as one-sixth to one-eighth of a grain in aggregate during a day; he had not had any fatal accident, although sometimes collapse occurred after extra large doses. Dr. Squibb made a few general remarks on idiosyncrasies. Dr. Seguin then made a few general remarks about the use of

conium solid extract, which showed that like many other observers, he had found this preparation to be sometimes inert. Dr. Squibb warned against the danger of diluting the fluid extract of conium, as this tends to result in a precipitate containing extra large quantities of the active principle. Your correspondent has had considerable experience with this drug, and has always found that if such a precipitate occurs, it very soon dissolves, unless the quantity of water used be less than the quantity of conium. Dr. Charles S. Bull, of New York, then read a paper on "Syphilitic Diseases of the Lachrymal Apparatus." Luetic affections of the lachrymal apparatus are rare. When the tear gland is affected, the sac usually escapes. Papular and tubercular syphilides of the lids may extend into the sac. The disease general affects, first, the nose, and subsequently produces dacrocystitis. The nasal duct orifice may be obstructed by a mucous patch, or by a gummy deposit, this usually occurring near the opening; but the disease and stricture may subsequently involve the whole length of the duct. The tendency of all luetic diseases of the lachrymal apparatus is destructive unless promptly treated. Great danger might result from the practice of slitting up the duct. Dr. L. E. Felton, of Potsdam, then described a new galvanic battery. Dr. Roosa proposed to substitute for the Code of Ethics the following resolution: Resolved, That the medical profession of New York State hereby declare that the only ethical offenses for which they claim the right to discipline, are those comprehended under the commission of acts unworthy a physician and a gentleman. This was declared out of order, and subsequently introduced as an amendment to the constitution, to lay over till next year. The Committee on Experimental Medicine introduced certain resolutions on the subject of vivisection, which were adopted, ordered printed and sent to the members of the Legislature.

The Committee on Legislation introduced two amendments to the existing medical practice law; the first providing that "the Regents of the University of the State of New York shall appoint one or more boards of examiners in medicine, each board to consist of not less than seven members, who shall have been licensed to practice physic and surgery in this State; and all persons desiring to

practise physic or surgery, after the passage of this act, must submit to the examination hereinafter provided, and obtain the diploma hereinafter provided, before entering upon the practice of physic or surgery in this State." The second amendment is intended to remedy the defects discovered in the Act of 1880, "to regulate the licensing of physicians and surgeons."

Dr. Daniel Lewis, of New York, claimed to have obtained good results by the treatment of scarlet fever by the use of an infusion of the fresh leaves of digitalis given to children three years of age in drachm doses. Of one hundred and fifty cases thus treated, but seventeen died, and there were but two cases of otitis. Dr. L. Hale, of Albany, presented an improved dressing for treatment of fracture of the clavicle. Dr. Knapp discussed "Croup of the Conjunctival" claiming that there existed a difference between croupous and diphtheritic inflammation; a view exactly contrary to that previously held by him. He concluded with some remarks on the value of the methodical application of cold to communicable conjunctival diseases, especially of light ice compresses, continued until the tumefaction of the lids and the thickness of the discharge is reduced. This treatment may save all cases of ophthalmia neonatorum, and nearly all cases of conjunctival diphtheria.

Dr. C. R. Agnew, of New York, read a paper upon "Communicable Eye Disease, and Some of its Relations to Blindness and Pauperism", and urged greater attention to the hygiene of children's homes, especially as regards cleanliness in lavatories, breathing space in sleeping apartments, and abundance of milk in diet. These two cases were discussed together, the members generally opposing the use of antiseptics and insisting upon the importance of systematic cleanliness, cold applications, and good general hygiene. Dr. John O. Roe, of Rochester, reported a case of a lady who suffered with dysphagia for several months without assignable cause. Dr. Roe diagnosed stricture of the oesophagus, although no permanent organic narrowing existed. Internal oesophagotomy, after the plan of Morell Mackenzie, of London, was practised and followed by rapid and complete recovery. During the discussion upon Dr. Roe's paper, two cases of internal oesophagotomy were mentioned by Dr. Elsberg. He warned the Society that the operation should not be

done except in great emergency, and even then only with the greatest care to prevent serious injury. Dr. A. C. Post, of New York, desired to correct the possible impression that a person suffering with oesophageal stricture must necessarily starve to death, and that the operation is the only alternative. Rectal alimentation might keep the patient alive for an indefinite period.

Dr. Louis Elsberg read a paper on "The Muscles of the Larynx and the Laryngoscopic Images Produced by Their Paralysis." If, in affections of the brain or pneumogastric or recurrent laryngeal nerve, all the laryngeal muscles on either or both sides are paralyzed, the corresponding vocal bands assume a position uninfluenced by muscular action, i. e., like the cadaveric position. When they are fixed in this position, either on one side or both, during attempts at phonation, as well as during respiration, the appearance is characteristic and easily recognized by means of the laryngoscope. In such a case there is no real difficulty of breathing, but a good deal of leakage of air, and therefore a waste of breath. The voice is weak, or else reduced to an almost inaudible whisper. The patient cannot cough, expectorate, or speak properly, because it is then necessary to close the rima glottidis. Speaking requires a greater effort; the muscles of expiration, especially the abdominal, are unusually strained; therefore, discomfort is felt, and quickly, fatigue. On forced inspiration, a stridulous sound is frequently produced from the air passing through the upper aperture of the larynx and the flaccid vocal bands.

But when the paralysis, whether bilateral or unilateral, is or becomes incomplete, a curious and unexplained fact has been observed, of very great importance for general medical practitioners, as well as for specialists; the abductor filaments are more prone to be affected than the adductor filaments, and that if in a disease in which both the abductors and the adductors are affected, recovery takes place, the adductors are apt to recover first, or exclusively; so that in such a case a patient during the progress of recovery is in danger of a dyspnoea, which may necessitate tracheotomy to prevent death. Paralysis of the narrowers of the rima glottidis causes, during attempted phonation, more or less leakage of air, and gives its characteristic image during that act; while paralysis of the

wideners of the rima glottidis causes more or less dyspnoea, and must be examined for for its characteristic image during inspiration and expiration. The first causes phonatory leakage, the second respiratory insufficiency. Dr. William Hailes, Jr., of Albany, presented a communication upon "Improved Methods in Laboratory Teaching and Demonstrations in Histology."

Dr. Austin Flint read a paper upon "The Physical Diagnosis, by Means of Percussion and Exploration by Puncture, of Peritonitis With and Without Perforation of the Alimentary Canal, and the Employment of Aspiration in Cases of Perforating Peritonitis." The points made in the paper were these: If perforation be the cause of peritonitis, there is more or less gas in the peritoneal cavity; a stratum of gas will then separate the liver and the chest-wall, giving rise to tympanitic resonance on percussion, and hence, if there be persistence of the normal hepatic flatness, perforation as the cause of the peritonitis may be excluded. It was assumed in this paper that the presence of gas within the peritoneal cavity in cases of peritonitis, always denoted perforation of either the stomach or intestine. The question may be asked, is not gas sometimes a result of chemical changes in morbid products within the peritoneal cavity, perforation not existing? Without denying the possibility of gas being thus derived, instances are so rare that they may practically be disregarded.

In order to obtain positive proof of the existence of gas within the peritoneal cavity, whenever, in cases of peritonitis, tympanitic resonance extends over the region of the liver, there can be no objection to an exploratory puncture with a small trocar and canula. The puncture should be made within the hepatic region, lest, possibly, if made elsewhere, the intestine might be wounded. The escape of gas through the canula is easily perceived by the touch and by the odor. Air injected, and allowed at once to escape, acquires an intestinal odor. If desirable, the gas could easily be collected by attaching to the canula an oiled-silk bag; or it might be aspirated and collected in a glass receiver. The exploratory puncture thus applies what is lacking as regards proof of perforation afforded by percussion, and by means of percussion and the exploring trocar, in cases of peritonitis, it may be positively determined whether or not perforation exists.

If hepatic flatness on percussion remain, there is no perforation of stomach or intestine. If, on the other hand, tympanitic resonance be found to extend over the region of the liver, all doubt as to the existence of a perforation is removed by an exploratory puncture in that region. It is hardly necessary to add that care should be taken, in introducing the trocar, not to penetrate the liver; not that the wound will do harm, but because the peritoneal gas will not then escape through the canula. The liver has not been penetrated if, after withdrawing the stylet, the end of the canula which has been introduced be freely movable.

Recovery from perforating peritonitis requires, first, agglutination by means of fibrous exudation, and, next, permanent adhesion, by means of proliferating tissue, to some part with which the intestine or the stomach is in contact at the site of the perforation. It is obvious that the presence of gas within the peritoneal cavity must interfere with this requirement for recovery. Hence, it may be asked, whether the removal of this gas may not prove to be an important measure in the treatment. Aspiration is probably the safest and best method for the removal of gas. When air is injected into the peritoneal cavity through a small canula, its entire removal is not easily effected even by firm pressure over the abdomen. The entire removal is shown by the disappearance of tympanitic resonance over the liver, and this resonance was found to remain after firm pressure, in the experiments on the cadaver which I have related. Moreover, pressure on the abdomen sufficient to remove the gas in cases of peritonitis, would perhaps do more harm than the presence of gas.

Dr. A. M. Phelps, of Chateaugay, reported eight cases of "Double Talipes Equino-Varus," treated by free incision and extension. Experience had confirmed his previous opinion of the value of this method. The cases fit for this operation are not common, perhaps only one out of five or six are proper subjects. He recommends primary division of the tendo Achilles, then of the posterior tibial tendon, and if this will not bring the foot into good position, open incision of the plantar structures will give a successful result.

"The Treatment of Hair-Marks by Electrolysis" was advocated by Dr. Geo. H. Fox, of New York, it having been suggested by the successful application of the method

for the removal of superfluous hairs. The treatment of superficial nævi by this means was contrasted with scarification, as recommended by Balnanno Squire, of London, and preference given to electrolysis. The objections are tediousness of operation and severe pain; it is not applicable therefore to young children. Some slight scars must be expected. Dr. Sherwell, of Brooklyn, preferred multiple puncture, with needles dipped in caustic, to electrolysis. Dr. H. Knapp, of New York, had obtained good results from extirpation by dissection or caustic, and found subsequently the remainder was obliterated. If possible, we should discern the starting-point of the telangiectasis and remove it. Dr. Sherman, of Ogdensburg, reported a case cured by the procedure recommended by Dr. Knapp.

Dr. A. Vanderveer reported an attempted "Subcutaneous Section of the Neck of the Femur," in a case of ankylosis of the hip, and described the method of performing the operation. The patient, a lady, had suffered with prolonged hip-disease, and being given up as hopeless, the limb was allowed to assume a very awkward position, in which ankylosis finally occurred. A subcutaneous operation was attempted, but the saw breaking in the wound, it was found necessary to enlarge the incision and remove the saw with the forceps, virtually making an open wound. After section of the neck of the femur and extension, it was found that tenotomy of the abductors was needed. The limb was then placed in a good position. An abscess occurred at the site of the wound, but the patient finally recovered, and a false joint was obtained. The limb is now straight and useful, with good motion at the hip.

"The Division of Optic and Ciliary Nerves for Sympathetic Ophthalmia" was advocated by Dr. H. D. Noyes, of New York. Two forms of sympathetic ophthalmia are observed: the irritative and the inflammatory. The former sometimes merges into the latter, but the inflammatory form may arise without being preceded by inflammation. Sympathetic ophthalmia of the irritative form, and the milder cases of the inflammatory form, are generally checked by enucleation of the offending eye; in some other cases of inflammation this, for some unexplained reason, is not sufficient. The modification of the original operation of cutting the nerve is performed by going between the internal rectus and the super-

ior or the inferior, into the depth of the orbit, dividing the optic nerve, and everting the globe, in order to completely divide all the nerve-fibres. Some operators divide one or both of the lateral recti muscles. Simple neurotomy is sometimes followed by reunion of the nerves, the sensibility of the cornea returning in about twelve months; neurectomy, is, therefore, to be preferred to simple division of the nerve, with a view to the ultimate success of the operation.

Optico-ciliary neurectomy is to be preferred as a prophylactic in cases where the affected eye is extremely tender on pressure, and subject to repeated attacks of inflammation. Under these circumstances, it will affect the other eye sooner or later. It may also be performed in other cases where enucleation should be performed, but where consent to extirpation of an offending eye cannot be obtained. In cases of absolute and painful glaucoma this operation has the advantage of reducing the tension of the globe and retaining its normal appearance and size. Dr. Knapp approved of all that had been said in regard to the importance of preventing sympathetic ophthalmia, but could not endorse the remark that optico-ciliary neurotomy is in general favor among specialists. He had performed it himself nine times, in one of which gangrene of the globe occurred. Dr. Roosa expressed similar opinions. Dr. L. D. Bulkley, of New York, read a paper on the "Malignity of Syphilis," with an analysis of four hundred and fifty cases; he protested against the views recently enunciated that syphilis was a benign disease. Dwelling upon the prevalence of the disease and its varied manifestations, he concluded that it is, in point of frequency, only second to phthisis. It is closely related to scrofula and similar degenerative disorders.

The special committee on the "President's Address" (Drs. E. M. Moore, S. O. Vanderpoel, W. C. Wey, and J. P. Gray) offered resolutions favoring erection of special hospitals for contagious diseases of children; also, that the title of Doctor of Medicine should be conferred by medical colleges only, after the examination and recommendation of an independent Board of Examiners, which Board shall be common to all the colleges, which were adopted.

The New York State Medical Society was manipulated by one who has established quite a reputation as a lobbyist. He moved, that in view of "the important

relations of the medical profession to the administration of justice, the time has arrived when the faculty should declare its opinion upon the proper functions and limits of medical-expert testimony, therefore: Resolved, That the true function of the medical expert is to expound and interpret the results of the pathological conditions, and that in the absence of disease he is not justified in drawing conclusions as to civil responsibility from moral manifestations of conduct, that department belonging exclusively to law." This absurdity was unanimously adopted, and by resolution, Dr. Gray was requested to prepare a paper on this subject for the next meeting.

It is not said what Dr. Gray calls pathological conditions, whether he means the bogus lesions reported by himself and Kempster, condemned by Westphal, Spitzka and Savage, or the cutaneous diseases which according to Dr. Allan McLean Hamilton constitute the criterion of insanity! Or is this resolution an attempt to strike at the formidable antagonists encountered at Washington, and whose testimony is in some danger of surviving when the stump speeches of Porter and Gray and the platitudes of Macdonald, Hamilton and the rest shall have been consigned to merited oblivion? The following papers were read by title: "On Inflammation of the Shoulder-Joint, Resulting from Hemiplegia," by Dr. L. E. Felton, of St. Lawrence County. "Report of a Case of Molluscum Fibrosum," by George G. Hopkins, M. D., of Brooklyn. "The Early Diagnosis of Pott's Disease," by V. P. Gibney, M. D., of New York. "The Significance of Pain Referred to the Ear," by Dr. D. B. St. John Roosa, of New York. "Cases of Glaucoma, in which Iridectomy on one Eye seemed to Precipitate an Attack of Acute Glaucoma in the Fellow Eye," by Dr. D. Webster, of New York. "Original Thoughts on Cholera," by Dr. H. Raymond Rogers, Dunkirk. "Facial Paralysis and Aural Disease," by Dr. S. Sexton, New York. "Insufflated Powders in Catarrhal Affections," by Dr. Goodwillie. "Avena Sativa," by Dr. E. H. M. Sell. The Society then adjourned. J.

DR. ROLLET, of the University of Graz, has been made a Hofrath, or State-Councillor, by the Emperor of Austria, as an acknowledgment of his valuable contributions to the medical sciences.

BILLROTH'S OPERATION OF EXTIRPATION OF THE UTERUS.

HALLE, GERMANY, February 1, 1882.

MY DEAR DOCTOR:—

Fraulein Enderline Regina, aged thirty-two years, a governess, was admitted to the hospital on account of an abdominal tumor, which, during the last three months, has given her considerable inconvenience. She has suffered from pressure upon the bladder, with a frequent necessity to empty it, although the act itself has been painless. She is most uncomfortable after eating. She menstruated first at thirteen years of age, the flow has always been accompanied with pain. Latterly she has become sensitive and nervous. She has never been pregnant. The abdomen is enlarged symmetrically. A growth, as large as a child's head, freely movable, slightly elastic, not fluctuating and painless, is easily felt in the abdomen. A vaginal examination reveals the fact that this tumor and the uterus are intimately united. The preparation for the operation consists simply in the administration of purgatives and the thorough cleansing of the vagina with a three per cent. solution of carbolic acid. The surface of the abdomen was thoroughly scrubbed with soap and water and shaved, afterward washed with a five per cent. solution of carbolic acid. The abdomen was then covered with a piece of mackintosh, in which was an opening through which the spaces between the umbilicus and symphysis pubis protruded. Compresses wrung out of a five per cent. solution of carbolic acid were placed around the opening in the mackintosh.

An incision fifteen centimetres long was now made in the linea alba, beginning just below the umbilicus. Before opening the peritoneum all hemorrhage was arrested. The tumor free from all attachments, excepting the uterus, was with the latter organ drawn through the incision. The broad ligament of the right side was now secured at two points with the clamps, tied in two sections with carbolized silk ligatures cut short, and over a sponge divided with Paquelin's cautery. The left broad ligament was similarly dealt with. The supra-vaginal portion of the cervix uteri was now seized in a strong clamp forceps and a short distance above it tumor and uterus were cut away. Near the margin of the cut surface the stump was seized with a second clamp. The first clamp was

now released. In the groove made by the removed clamp the supra-vaginal portion of the neck of the uterus was ligated in three sections; the ligatures were of carbolized silk and were cut short. Between the line of these ligatures and the clamp remaining, the neck was burned off with Paquelin's cautery. The cut surfaces of the broad ligaments were now included together in a small clamp and a ligature applied. The burnt surfaces were removed and the freshened sides left in the most favorable condition to unite. The stump of the cervix was nicely cut off, and the raw surfaces were mopped with iodoform gauze and a small quantity of iodoform was dusted over the parts. With a few applications of the sponge the pelvic and abdominal walls were now closed with four deep silver sutures, secured with lead plates at each end, and with a line of superficial sutures of carbolized silk. The surface was now carefully sponged over with a five per cent. solution of carbolic acid and an antiseptic dressing was applied over the wound and secured by a bandage.

On the day following this operation the patient's temperature was 37° C., pulse 112. The patient passed gas from the rectum. The tongue was moist, but she was vomiting. A hypodermic injection of morphia was given, also small pieces of ice. Some iodoform gauze which had been placed in the vagina at the time of the operation was removed, and the vagina was washed out with a three per cent. solution of carbolic acid. On the second day the stomach was perfectly quiet, and there was no elevation of temperature. This state of affairs continued on the third day. On the fourth day she complained of being sleepy, when a small dose of chloral hydrate was followed by refreshing sleep. On the fifth day the deep sutures were removed, and the wound was found entirely united by first intention. On the eighteenth day she sat up out of bed. On the twenty-first day she was discharged.

Your friend,

R. STANSBURY SUTTON.

AN ANTI-VACCINATION SOCIETY has been formed in New York City, and its members have pledged themselves to resist vaccination in every possible way. At their February 16 meeting the National Board of Health was vigorously denounced.

REVIEWS.

ECZEMA AND ITS MANAGEMENT. A practical treatise based on the study of two thousand five hundred cases of the disease. By L. Duncan Bulkley, A. M., M. D. New York: G. P. Putnam's Sons, 1881.

The present work is certainly one of the most valuable dermatological monographs which has appeared for some time. The disease of which it treats is one of the most common of the skin diseases. The author is an adherent of the somewhat antiquated English school of dermatologists, and the book therefore is somewhat of a disappointment to those who are inclined to the teaching of the French and German dermatologists. The style is generally plain and lucid, but marred at times by being too involved. The arrangement is simple and logical. The subject is pretty exhaustively treated. In an emergency in the treatment of eczema, which is one of the most tantalizing of diseases, this book will prove a very valuable guide. It cannot fail to enhance the author's already great reputation. The bibliographical part of the book is well done.

DISEASES OF THE EYE. By Henry D. Noyes, A. M., M. D. Wood's Library of Standard Medical Authors. New York: William Wood and Co., 1881. W. T. Keener, Chicago.

It is difficult to form a just estimate of the present work. It is a concise and well written book, representing fully the outlines of modern ophthalmology in an agreeable and unassuming style. It covers the ground pretty fully, omitting little that is of great importance, and gives advice, generally sound, to the non-specialist, for whom it is evidently intended. But all this was done previously by quite a number of standard authors, from whom Dr. Noyes differs only in the fact that he employs a less formal arrangement and more conversational style. While the book is in most respects fairly up to date, still there are to be noticed some omissions of what cannot be regarded as unimportant topics, like the omission of all mention of Critchett's division of the lids in purulent conjunctivitis, the use of eserine in diseases of the cornea, especially ulceration. Eserine is decidedly underrated by the author, who

is also rather sceptical as to the value of salicylic acid. There is a marked lack of pathological anatomy visible throughout the work, especially noticeable in the sections devoted to diseases of the conjunctiva and choroid. Sympathetic ophthalmia is discussed with very unsatisfactory brevity from the standpoint of pathological anatomy, and in other respects as well. Color blindness and its detection is not examined in a very extended manner. The part devoted to treatment comprises a reference to but few agents only; many remedies praised by careful observers are totally ignored, especially in conjunctival disorders. The rationale of treatment is thoroughly explained very rarely. Among the cataract operations Pagenstecher's extraction within the capsule does not receive the recognition it merits. These faults and a number of minor ones do not seriously detract from the value of the book in many respects. It is well issued by the publishers, and its colored ophthalmoscopic representations are as good as any yet issued in the United States.

LECTURES ON ELECTRICITY. By A. D. Rockwell, A. M., M. D. New York: William Wood and Co., 1881. W. T. Keener, Chicago.

This work is a plain, practical examination of the general subject of medical electricity. It discusses, in the first lecture, electro-physics; in the second, electro-physiology; in the third, electro-diagnosis; in the fourth and fifth, methods of application and static electricity. In the sixth, the question of electro-dynamic apparatus is examined. In the seventh chapter the treatment of special diseases is taken up, and in the eighth, electro-surgery. The book is written in a plain, easy style. It covers more ground than many larger and more pretentious works. There are, as in most other works on electricity, too many illustrations of instruments, which tend to confuse some readers and make others believe that these cuts are intended only for advertisements. The Bell induction balance, which was tried and failed so signally in President Garfield's case, is described. The book is well and clearly written, and contains, in an exceedingly small space, much valuable information. It is a by no means despicable rival to the larger work written by Dr. Rockwell, in conjunction with Dr. Beard. It has been issued in very fair style by the publishers.

SUPPRESSION OF URINE. Clinical Descriptions and Analysis of Symptoms. By E. P. Fowler, M. D. New York: William Wood and Co. W. T. Keener, Chicago.

This is one of those pretentious monographs that from time to time make their appearance. It consists of the description of a single case coming under the author's observation, and ninety-three other cases collected from the literature. The case of anuria reported by Dr. Fowler differs in no respect from many such cases coming under the observation of most practitioners. Few, however, would take the trouble to publish a monograph on a single case, supplemented by a repetition of other similar and dissimilar cases. The book gives the impression that it has been written by one accustomed to record the drug provings of homœopathy, in which all sorts of fanciful and coincidental symptoms are brought into relation with the supposed action of the drug that is being proved. The author has certainly poor descriptive powers, and no power at all of analysis. He brings all sorts of symptoms into relation with anuria, most of them due, not to the anuria, but to the cause which has produced it acting on other organs. He speaks of interruption of the spinal cord being one of the ways in which the nervous system acts to produce anuria. He does not, however, inform the reader what this is and one might search in vain for it in the various neurological text-books. It cannot be said that Dr. Fowler has done wisely in the production of the present work.

CARDIAC SYPHILIS.—Dr. Mayer (Practitioner, January, 1882) claims that the symptoms arising from cardiac syphilis are similar to those of the asthenic heart described by Stokes, or of diffuse myocarditis. He has had under observation a patient who exhibited symptoms of cardiac insufficiency without evident valvular disease. He had had syphilis eight or nine years previously. There was periostitis of the leg, and mucous patches were present in the mouth. Iodide of potassium and mercurial inunction proved rapidly beneficial, which, however, does not certainly show that the cardiac symptoms could be traced to a luetic origin.

BOOKS AND PAMPHLETS.

- L. Duncan Bulkley, M. D., New York City. Aid to the Study of Skin Disease. The Skin in Health and Disease. With Treatment, Classification, and Notes on Diet and Hygiene. With Illustrations. Philadelphia: Presley Blakiston, 1881.
- H. W. Wiley, M. D., Lafayette, Indiana. Mixed Sugars. Reprinted from the Proceedings of the American Association for the Advancement of Science. Volume XXX. Cincinnati Meeting, August, 1881.
- H. Augustus Wilson, M. D., Philadelphia, Pennsylvania. Soluble Compressed Pellets. A New Form of Remedies for Hypodermic Use, and applicable to Ophthalmic and General Medication. Reprinted from the Transactions of the American Medical Association, 1881.
- Proctor and Gamble, Cincinnati, Ohio. Something about Soap.
- Dr. Julius Grosser, Berlin, Germany. Therapeutische Notizen der Deutschen Medicinal-Zeitung. 1880-1881.
- W. O. Thrailkill, D. D. S., Oakland, California. The Pacific Dental Directory. A Complete Register of all Dentists practicing in California, Nevada, Oregon, Washington, Idaho, Montana, Wyoming, Utah, Arizona, New Mexico, British Columbia and the Sandwich Islands. 1882.

THE ARMY.

- OFFICIAL LIST** of Changes of Stations and Duties of Officers of the Medical Department United States Army, from January 29, 1882, to February 12, 1882.
- Summers, J. E., Lieutenant Colonel and Surgeon, Medical Director Department of the Platte. Leave of absence further extended one month. S. O. 20 C. S., A. G. O.
- Woodward, Joseph J., Major and Surgeon. Granted leave of absence for six months on Surgeon's certificate of disability, with permission to go beyond sea. S. O. 23, A. G. O., January 30, 1882.
- Woodhull, A. A., Major and Surgeon. The leave of absence granted him in S. O. 227, A. G. O., 1881, is extended one month and ten days. S. O. 27, A. G. O., February 3, 1882.
- Tremaine, W. S., Captain and Surgeon. Who reported at these headquarters January 9, 1882, per par. 12, S. O. C. S., A. G. O., will await further orders in New York City from date of his so reporting. S. O. 20, Department of the East, February 7, 1882.
- Comegys, E. T., Captain and Assistant Surgeon. To be relieved from temporary duty at Columbus Barracks, Ohio, on receipt of order, and to report in person to Commanding General Department of the Missouri for assignment to duty. S. O. 32, A. G. O., February 9, 1882.
- Wood, M. W., Captain and Surgeon. The seven days' leave of absence granted him on the 4th inst. by Post Commander Ft. Brady, Michigan, is extended twenty-three days. S. O. 19, Department of the East, February 6, 1882.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

EDITORIAL CORPS:

J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.

E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.

CHRISTIAN FENGER,
Surgery.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.

HARVEY W. WILEY,
Chemistry, Toxicology and Public Hygiene.

ALEXANDER J. STONE,
Midwifery.

E. C. DUDLEY,
Gynecology.

H. H. CHANDLER, Publisher.

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MEDICAL INTERVIEWS.—The ground is very strongly taken against these in the code of ethics lately adopted by the New York State Medical Society. It says: "It is derogatory to the dignity and interests of the profession for physicians, through the medium of reporters, or interviewers, or otherwise, to permit their opinions on medical and surgical questions to appear in the newspapers." The first question which naturally arises is, whether such declaration of what is or is not derogatory to the profession is fully warranted by the circumstances. The second, whether any such declaration can be made any more than a dead letter. The physician is the person on whom the public chiefly rely for information respecting all questions of health. The newspaper of the present day takes the place of the lecture hall or conversational circle of the past. To reach the public, therefore, on questions of importance to the profession and to the public, recourse must be had to the newspapers, and incidental advertisement of individuals is inevitable; but how shall the physician take action on any question without revealing his individuality, or without consequently advertising himself? Suppose, for example, a medical practice law is to be passed or amended. The leading physicians are interviewed on the subject, and, in accordance with the so-

ciety's requirements, they refuse to answer, the reporter will very naturally draw the inference that they are either actively or passively opposed to the law, and such a refusal will have a moral effect that charlatans opposed to the law would welcome. This article of the code, therefore, rather protects the profession against the microscopic appearance of evil. What is meant by the clause, "or otherwise?" Does this mean that every physician whose name appears as expressing an opinion on medical topics, has done something derogatory to the profession, and should be disciplined? Let a reporter quote from a textbook the opinion of some medical man; that opinion has appeared in the newspaper, and the physician, by no act of his own, has done something of a nature derogatory to the dignity of the profession, and is to be disciplined. It is obvious that this attempt to make the resolution comprehensive has resulted in an absurdity. Such a resolution, moreover, cannot be enforced, and its non-enforcement will have the usual effect of disregard for law. Better would have been the simple, manly code of Dr. Roosa. How much influence this resolution is going to have, is shown by the fact that, ten days after its passage, Drs. A. Clarke and L. A. Sayre were interviewed on the causes of he increased mortality of New York city.

MEDICAL ETHICS IN CHINA.—According to a local journal the following code of ethics has been recently promulgated officially in China. When people are sick their physicians are told that they must be ready to attend to them, whether sent for in the day-time, the night-time, in fair weather or in foul. The sick long for the physicians “as the grain of seed longs for the rain,” but the physicians do not care what becomes of the patient, so long as they get their fees. Another evil practice is that they will not make visits before one o’clock in the afternoon, while some will “smoke opium and drink tea until late in the afternoon,” all of which are abuses that the authorities declare they will on no account permit. “Physicians must attend their patients at all times, they must, if necessary, visit them several times daily. They must think more of them and less of their fees.” Hence notice is given that a physician who does not attend when he is called must only require half his fees and half his chair hire. If the physicians delay their visits they show their wickedness and sin against themselves. The Chinese physicians certainly do not seem to be much imitated by their American brethren.

SMALL POX.—According to Dr. J. Schenck, (Medical News, February 11, 1882,) Mt. Carmel, Illinois, has recently passed through an epidemic of small pox which is interesting from the accuracy with which the starting-point of the epidemic was traced, and the character of the disease in the early cases. After rooming with a man who subsequently died in the pest-house of variola, the first patient died suddenly in the cars while in company of his daughter and some friends. His death was not suspected until it was time to change cars. No eruption was found on his body except a discoloration said to resemble purpura, which existed on his body and thighs. No one was aware, apparently, of the fact that he had been exposed to small-pox. The funeral was largely attended. Fourteen

persons were exposed to the disease in handling the body, of whom twelve had been vaccinated and two had not. Both these last died of small-pox. Of the former only one suffered, and he in a very light form, and recovered. Three others, unvaccinated and exposed in attending the first two, died of small-pox. Four others also were attacked with varioloid or small-pox and recovered. Three of them had been vaccinated; the fourth, who had not been, was a man of an exceptionally strong and hearty constitution.

ARRESTS FOR ADVERTISING NOSTRUMS.—Through the efforts of Drs. J. N. Dickson and W. R. Hamilton, of Pittsburgh, Pennsylvania, (Medical News, February 4, 1882,) there have been several arrests and convictions of irregular practitioners and others for “advertising medicines, drugs, and nostrums for the cure of secret diseases,” in violation of the law of 1870 of that State. Dr. C. R. Lightner (a graduate of Bellevue Hospital Medical College) was arrested and convicted for advertising (in common with his partner, Dr. Hartman,) *Pe-Ru-Na*, which, it is stated, will “restore sexual debility to the energy, fire, and vigor of youth.” After conviction, Dr. Lightner was let off upon payment of all the costs, and voluntary publication of a card in the daily papers, promising “not to distribute pamphlets recommending nostrums, etc., for private diseases and female complaints.” Another man was convicted of advertising “Ricord’s Specific Pills” for gonorrhœa, gleet, etc. He was an ex-president of the College of Pharmacy, and took high ground when arrested, but for fear of prosecution made solemn promises, and published a card, stating that until recently he was ignorant of the law touching advertisements of certain patent medicines and nostrums, and that since he has been informed of the law on the subject, he has withdrawn his advertisements, and he declares his intention to comply with the law. Dr. George was arrested for a like offence, and lodged in

jail in default of bail. He plead guilty, paid his fine on two charges, and promised to do better in future. It is a pity that some such law could not be passed in other States of the Union.

MEDICINAL INJECTIONS INTO LUNG SUBSTANCE.—Dr. Eugen Fraenkel, Hamburg, (*Deutsche Medicinesche Wochenschrift* No 4, 18-2,) has been experimenting on the injection of medicinal substances into lung tissue, and is inclined to believe that an extension of this process will be attended by good results in cases of tuberculosis, or even in certain cases of chronic bronchitis and pneumonia. The procedure would seem to be a more direct means of reaching the affected tissue, than the present roundabout method of giving remedies through the mouth. At the same time there are certain results which might follow injection into the lung tissue that should lead to caution in any experiment. The lung seems of late to be attracting attention as an organ that has not been sufficiently made the subject of experiment.

DEAD DRUNK.—Dr. Grèhout (*British Medical Journal*, January 28, 1882,) recently read an interesting communication before the Paris Biological Society, concerning what proportion of alcohol in the blood is necessary to produce death. He found that death occurs when the blood of the animal contains one part of absolute alcohol to one hundred of blood; that the alcohol acts directly on the constituent elements of the blood; that the condition known as dead drunk, exists when the drunkards continue drinking but when the alcohol ceases to be absorbed, and the blood presents the proportion of one part of alcohol to one hundred and ninety-five of blood. He believes that if direct death from alcohol is less frequent than might be expected, it is because that drunkards stop drinking when the proportion of one part absolute alcohol to one hundred and ninety-five parts blood, is reached.

FOLIE À DEUX.—This peculiar psychological phenomenon which has been recently analyzed by Dr. Marandon de Montezel (*Annales Medico-Psychologiques*, January, 1881) has recently occurred in a very striking phase in the town of Andouille, France. Every member of a family of six persons has at the same time become insane. Father and mother, both sixty-four years old; the two sons, thirty and twenty-seven; the two daughters, twenty-eight and twenty-four years old, think they have been poisoned by witches, and that the devil is in their clothes. They see him constantly and everywhere, day and night, and as they assaulted everybody they met, it has become necessary to put the whole family in an insane asylum. This is probably an example of the two forms of folie à deux described by Montezel: Folie imposée and folie communiquée.

CALCIUM SULPHIDE IN AURAL DISEASE.—Calcium sulphide has been found by many general practitioners of much value in the treatment of suppuration. It is therefore not surprising that its use should have been attempted in suppurative inflammation of the middle ear. Dr. Sexton has found it of great value in cases of this kind, as also has Dr. Burnett, of Philadelphia. Dr. Roosa says he has never known calcium sulphide to have any effect whatever. Drs. Pomeroy and Webster claim to have demonstrated that sulphide of calcium is of no earthly use. The otologists certainly appear to differ as much as the medical experts lately so much berated.

GASTRIC DILATATION IN DIAGNOSIS.—Dr. Rosenbach suggests (*Deutsche Medicinische Wochenschrift*, No. 2, 1882,) the distension of the stomach with carbonic acid developed from Seidlitz powders, taken separately, as a valuable means of examining the condition of the stomach and study of the abdomen. This procedure is not unlikely to be attended by serious results in case of gastric ulcer.

TOO MUCH ORIGINALITY AND FORTUNE.

—Dr. S. V. Clevenger, in a recent communication, makes the following citation from John Aubrey's "Lives of Eminent Persons:" "I have heard Dr. Harvey say that after his booke of the circulation of the blood came out, he fell mightily in his practice; 't was believed by the vulgar that he was cracked, and all the phisitians were agaynst his opinions and enveyed him." Aubrey was at Harvey's funeral, and "helpt carry him into the vault."

IODOFORM INSANITY.—According to Max Schede (*Centralblatt für Chirurgie*, No. 3, 1882,) the use of iodoform externally, particularly in children, has been attended by marked psychical symptoms even at times amounting to true insanity. General mental confusion has in at least two instances been traced to it, recovering when local applications of iodoform to wounds have been removed, and reappearing on their re-application. He has had also one case of deep melancholia result from its use; two cases of raptus melancholicus and three cases of simple depression. It is probable that iodoform only has these effects in patients of a neuropathic diathesis.

PROGNOSIS IN CARDIAC DISEASE.—According to Dr. J. Milner Fothergill (*Medical Register*, February 15, 1882), the views of the profession as to the prognosis in certain cases of valvular disease of the heart are undergoing very considerable changes in an optimistic direction. Not every murmur which may be heard over the heart is evidence that the patient is destined to a sudden death from the action of the cause that produces the sound, nor is it always evidence of organic cardiac disease. It is a grave symptom, but its importance may be, and often is, exaggerated. It is probably produced by deformity in the cardiac valves; but anæmic aortic, and still more, pulmonary murmurs, are now generally recognized. Dr. Fothergill has observed cases of mitral murmurs which

have existed for sixteen, fourteen, twenty-seven, and thirty-eight years, without developing any very alarming symptoms, and has recently reported the death of a case of aortic regurgitation, a rapidly fatal form of disease, which had not perceptibly advanced during twenty-five years of excessive activity. He reports cases of aortic obstruction of fourteen, sixteen, and eleven years' duration, of which the first only has as yet died. In conclusion, he observes that under proper treatment, and with care, a life of activity is practicable in many cases of cardiac disease, provided bodily exertion be avoided, or exercised moderately. While most of these facts are well known, still Dr. Fothergill's résumé is none the less valuable.

THE MICROSCOPE AND ALBUMEN.—A prominent Iowa country practitioner, in a recent communication, writes that at a society which he attended, which meets not a thousand miles from one of the great cities, the secretary, a graduate of a prominent eastern college, said, in speaking of tube casts and albuminuria, that though he had a microscope which had two "pints" (objectives); one magnified large; the other small, he had not found albumen in the urine of his uræmic patients, but he thought his microscope was strong enough to show it if it existed. This man ought to be made a professor in the University of Podunk at an early date. Such scientific skill requires at least that reward.

AN OBLIGING DRUGGIST.—According to a local paper an aged negro "physician," just dead in St. Louis, administered for years the most harmless and worthless of compounds. He habitually prescribed large doses of powerful drugs for his ignorant patients, in the belief that he was practising under a novel system of his own, but the druggist substituted innoxious substances. It is not every druggist whose ideas of right and wrong would allow him to carry on such systematic deception

DIFFERENCE IN DIAGNOSIS.—Drs. Depaul and Tillaux (Medical and Surgical Reporter, February 25, 1882) differ very markedly concerning the cause of an abdominal enlargement in a woman, aged seventy, who has been a zealous worshipper of Venus and Bacchus. Dr. Depaul believes her to be pregnant, while Dr. Tillaux looks upon the enlargement as due to an hepatic tumor. Time will probably decide the question.

FOG AND HEALTH.—According to a London paper, the dense fog in that city recently has caused the deaths of a number of persons. A coroner's inquest in the case of a wheelwright showed that the fog had hastened his death very materially, developing bronchitis to an alarming extent. The fog brought on effusion of the brain in the case of a girl, and caused her death; while the broncho-pneumonia which carried off a little boy was ascribed by the attending physician to the poison of the fog. It is most probable that the reasons for ascribing fog as a cause in these cases were rather *post hoc ergo propter hoc*.

WOUND OF THE LEFT LUNG.—Dr. L. E. Holmes (London Lancet, February 19, 1882) reports the case of a man, aged thirty-one, who was standing at the bottom of a shaft, two hundred and twenty-five deep, when he was struck between the superior angle of the left scapula and the spine by a drill, thirty-seven inches long, one and one-quarter in diameter, and weighing eight and one-half pounds, which fell from the top. The drill entered two inches from the spine, passing downward and forward, emerged on a line with the left nipple, six inches from the sternum. It made a wound nearly eight and one-half inches in length. The patient, aided by another man, withdrew the drill, the head of which was much battered, and must have torn the lung and flesh very much in passing through. The patient was brought to an hospital, where he remained eight weeks;

then, finding himself strong enough, he went to his boarding-house. The two openings began to discharge offensive pus four or five days after admission, and were at first treated with carbolic acid injections (ten grains to the ounce). These becoming disagreeable to the patient, were discontinued. The lung was shrunken to two-thirds its usual size. The patient is otherwise as well as ever. There was not during the case any marked pleurisy nor any great amount of fever. The case is in many respects exceptional.

PLEUROGENIC PNEUMONIA.—Dr. Duffey (Dublin Journal of Medical Science, October, 1881) has recently reported a case which, he claims, supports Charcot's theory of a pleurogenic pneumonia, that is a chronic interstitial pneumonia developed as the result of a pleurisy, with adhesion previously existing. The inflammation probably taking place through the lymphatics of the pleuræ, which are connected with those of the lung. The point made by Charcot is neither new nor perfectly demonstrated. Dr. Duffey's case seems to add some probability to it, and for certain *a priori* pathological reasons it might be expected to occur.

POISONING FROM MERCURIAL OINTMENT.—Dr. John Lowe, Lichfield, England, (British Medical Journal, February 11, 1882,) reports a case of fatal mercurial poisoning following upon the use of mercurial ointment to destroy head lice. The ointment had been used for some days in very large quantities. The mercurial *foetor* tremor, etc., were well marked. The patient died very suddenly. The case was somewhat impure, the patient being an alcoholicist.

SUPERABUNDANT MEDICAL COLLEGES.—Louisville, Kentucky, now contains five regular medical colleges. Three of these hold a Spring and Summer Course and graduate those students who have escaped graduation during the winter.

VIBURNUM PRUNIFOLIUM.—Dr. Smythe (Southern Medical Record, December, 1881) claims that in his hands *viburnum prunifolium* has proved totally useless as a preventive of abortion. The experience of one observer involves too many elements of error to settle the question.

OVARIOTOMY.—On the twenty-first of December last, Dr. W. A. Ferguson, of Atchison, Kansas, removed an ovarian tumor from a fifteen-year old girl, of the same city. The tumor weighed, with contents, fifty-nine and two-fifths pounds. It had been growing three years. The girl measured, around the waist, fifty-four inches; her ribs were pushed upward, and she presented an appearance of extreme emaciation. She has completely recovered, and is enjoying excellent health. The pedicle was tied with a silk and returned. Strict attention was given to cleanliness, and the sponges only were carbolized. Silk was used in preference to wire in bringing together the edges of the abdominal incision. Firm adhesions had formed, uniting the cyst to the walls of the abdomen, liver, stomach, and to a much less extent, the intestines.

CORRECTION.—In a review of Dr. Mickle's work on General Paralysis of the Insane, published in the Review, August 5, 1881 it was stated that that while the mediocre publications of Dr. A. E. Macdonald were accorded some prominence, the scientific labors of Dr. Spitzka were ignored. It is pleasant to be able to make a correction of this statement, into which the reviewer was misled by the faulty index of Dr. Mickle's very excellent work. Dr. Spitzka shares with Dr. Voisin the misfortune of being omitted from the list of authors cited, whereas in the text all justice is done his original views, while the statistics of Dr. A. E. Macdonald are, as might be anticipated, quoted with some expressions of doubt, on the part of Dr. Mickle, as to the legitimacy of the inferences drawn from these particular statistics.

INSANITY FROM SCARLATINA.—Dr. J. G. Kiernan (St. Louis Clinical Record, January, 1882) after a careful examination and analysis of the cases of insanity from scarlatina reported by Shultz, Mendel, Rabuske, and those coming under his own observations claims: First: That three groups of mental phenomena are produced by scarlatina, independently of delirium; two of them being classable as insanity, while the third can not strictly be so classed. Second: That the first is a species of *melancholia agitata*, attended by hallucinations, and its inception is preceeded by a decline to normal of the high temperature previously existing. Third: That the second group consists of cases of dementia, due to meningitis of scarlatinal origin, the patient passing from the hyperpyrexia of scarlatina to that of meningitis, on recovery from which he is found to be demented. Fourth: That the third group of patients shows either marked change from the character antecedent to the attack of scarlatina or else retain in after life some of the juvenile characteristics of the period prior to the attack of scarlet fever. It may readily be supposed that under this fourth category of Kiernan might come the case of moral insanity reported by Bucknill and Tuke, (Psychological Medicine, p. 257) as resulting from an attack of scarlet fever. The subject is one of interest, but has not attracted much attention hitherto from the profession.

DR. THEODORE L. MASON, a leading physician of Brooklyn, New York, died February 13, 1882, at the age of seventy-nine. He was one of the founders of the Long Island College Hospital, and was Councillor of that institution and President of the collegiate department. He was President of the Inebriate Home of Kings County, President of the American Association for the Cure of Inebriates, a member of the American Colonization Society, one of the founders and a director of the Long Island Historical Society, and a member of numerous medical societies.

CITRATE OF CAFFEIN IN CARDIAC DROPSY.—Dr. Milliken (Philadelphia Medical Times, February, 25, 1882) has, following the example of Dr. Brakenridge (Edinburg Medical Journal, August, 1881), had very good results from caffein citrate in cardiac dropsy. In renal dropsy he, like Dr. Brakenridge, has found it of no effect. Dr. Brakenridge claimed that when the renal epithelium was diseased, the drug was strongly contra-indicated. Dr. Milliken gives the caffein in three grain doses four times a day. The alkaloid has not been hitherto administered hypodermically, on account of its relative insolubility. Tanret (Revue Medicale, February 11, 1882), having observed that in presence of cinchonate, benzoate, or salicylate of soda, caffein dissolves easily, has thus obtained double salts very rich in caffein. These salts do not have irritant properties. To administer them hypodermically the required quantity of caffein should be mixed with benzoate or salicylate of soda sufficient to dissolve it.

NEUROTIC PATIENTS AND TUBERCULOSIS.

—Dr. Huchard calls attention to the fact (Journal de Médecine et de Chirurgie, December, 1881) that among neurotic males and hysterical females tuberculosis may be suspected from certain symptoms, when in reality it does not exist. A case of this kind coming under his observation was for a long time exceedingly doubtful. The patient, a neurotic male, had marked paroxysmal vomiting, which at first led to a suspicion that there was organic gastric disease, and then the opinion was expressed that the vomiting was due to the gastric crises of organic spinal disease. These symptoms all disappeared suddenly, and were as suddenly succeeded by a dry cough, left pleurodynia, slight hæmoptysis recurring at intervals, together with subclavicular dullness on the left side. There was also hurried respiration. These symptoms were unattended by rise of temperature or emaciation, lasted eight months

despite all treatment, and then disappeared as suddenly as they had come. While cases like this are somewhat exceptional, they are still sufficiently frequent to explain mysterious recoveries from phthisis that are from time to time reported as having occurred under the care of clairvoyants and other charlatans using mystic means of treatment. Neurotic patients exhibit at times marked immunity from the ordinary symptoms of true phthisis.

NAPHTHOL AND HÆMOGLOBINURIA.

—Some of the disadvantages attendant upon this drug have received some attention in the Review. Squire has claimed that it irritates the skin. Dr. A. Neisser (Centralblatt für die Medicinischen Wissenschaften, November 30, 1881) claims that the use of this drug is not unfrequently followed by hæmoglobinuria. Such results appear to be unknown to Kaposi, who has used it very extensively, and it remains an open question how far the element of impurity enters into their production.

APOPLEXY AND COLD.—Dr. E. Bax (L Union Médicale du Nord Est, February 15, 1882), after a careful analysis of five personal cases and those reported in the literature, comes to the following conclusions: First: Apoplectic accidents are more frequent during winter than during any other season of the year. Second: The greater the intensity of the cold, the more numerous the cases of apoplexy. Third: Anæmia of the surface of the body, and consequent congestion of the viscera, particularly of the encephalic mass. Fifth: This congestion, if it does not produce death, may give rise to hæmorrhages which are more or less considerable as the vessels are more or less healthy. Sixth: It is more than probable that cold changes the anatomical constitution of the blood, and this is by no means without influence on the pathological phenomena coming under observation. It is difficult to see how most of these conclusions can be justified.

VACCINIA.—Dr. U. R. Milner, New Orleans, (*American Medical Weekly*, February 11, 1882,) reports the case of a patient who has been vaccinated eight times, and successfully twice. Every time that it was successful he became sick at the stomach, and vomited in twenty or thirty minutes afterwards. In the other six times he felt no sickness. He then feels assured that he is not only protected, but that in half an hour after revaccination, he can tell whether the vaccination is successful or not.

ERGOT IN RHEUMATISM.—Dr. Evetzky (*New York Medical Journal*, March, 1882) is inclined to believe that many cases of rheumatism originate in a hyperæmic condition of the spinal cord. Acting on this theory, he has found that ergot is of value in rheumatism. Drs. Gillette, and Chevaleran have had similar results. It must be obvious that the assigned *modus operandi* is almost purely hypothetical, and is rather an *a posteriori* method of accounting for the apparant benefit which has been derived from use of ergot in rheumatism. The influence of the spinal cord on the production of rheumatism is not yet demonstrated.

SPOILED MAIZE AND PELLAGRA.—Dr. Lombrozo (*Revue Médicale*, February 11, 1882) has recently investigated the relations between pellagra and the use of spoiled maize. His results seem to demonstrate that the doctrine first advanced by Thovenel in 1798, that pellagra had its origin in the use of spoiled maize, has some foundation in fact. According to Lombrozo, pellagra soon develops when spoiled maize is used as food. The active agent is not, as has been generally supposed, the corn smut or *Ustilago maidis*, but an extractive principle existing in the spoiled corn itself, to which Lombrozo has given the name *pellagrozeine*. While Lombrozo's results seem to confirm this doctrine, it does not afford an explanation of the fact that many cases of pellagra recover under the use of sodic chloride and arsenic without changing the diet.

ACUTE TRAUMATIC MALIGNANCY.—Mr. Richard Barwell (*British Medical Journal*, February 11, 1882,) reports two cases of what he calls acute traumatic malignancy; that is neoplastic growths of a malignant type rapidly following upon injury. The two cases coming under Mr. Barwell's observation have led him to think that occasionally under stimulus of severe irritation the tissue elements which under favorable circumstances would assume only the additional activity necessary for repair, may take on a more prolific cell-germination culminating in a rapid form of malignant disease in one of those forms which, be it named myeloid or round celled sarcoma, or encephaloid cancer, consists of little else than heaped up cells and their progeny." A third case came under the notice of Sir James Paget, and a fourth case is reported by the editor. There are many *a priori* reasons why it should occur in persons predisposed to cancer.

PRIORITY IN THE HUMANE TREATMENT OF INSANITY.—According to the majority of authorities, Philip Pinel was the first to remove from the insane their chains and to treat them as human beings. This proud preeminence is now disputed, and with apparently good reason. Pinel, it would appear from an article translated from an Italian journal, by Dr. Workman, of Toronto, (*Alienist and Neurologist*, January, 1882,) was preceded by Chiarugi in his noble attempt. The former removed the chains from forty insane at the Bicêtre; earlier than this Chiarugi had completed a model asylum. The history of the rational treatment of the insane seems to require rewriting in some of its chapters.

Dr. William E. Butler, a medical officer of General Jackson in the war of 1812, died at Jackson, Tennessee, February 9, 1882, in his ninety-second year.

Dr. Samuel Whitall, the well-known Superintendent of the Colored Home, New York, died February 18, 1882.

NEUROTIC BRONCHITIS.—Dr. Poulet (*Concours Médical*, December 17, 1881) calls attention to a peculiar case of repeated attacks of dyspnoea in a child, which were accompanied by symptoms markedly resembling those of acute capillary bronchitis. The attacks being paroxysmal, and the rapidity of their disappearance led to them being considered of neurotic origin, and to corresponding treatment being tried, which was attended with exceedingly rapid and good results. The case was regarded as a neurosis of the pulmonary fibres of the pneumogastric nerve. The acute bronchial congestion obviously existing was regarded as subsidiary to the nervous irritation and probably dependent upon such irritation.

PHENOMENAL LEGAL DECISIONS.—According to a local journal an "herb doctor" in St. Louis sued a patient who refused to pay for the physician's services on the ground that he had not registered at the board of health, and evidence was brought to show that he was a quack and fortune-teller. The Appellate Court sent the case back for trial, holding that an unlicensed merchant was entitled to payment for his goods, and that the same rule should apply to the medical profession, particularly in a case where it was not shown that the medical attendance had not been rendered according to contract. Such phenomenal legal rulings are not peculiar to Missouri, as a New York Judge has decided that treating disease by means of electricity was not practising medicine.

HUMAN SACRIFICE.—A tendency to offer human sacrifice is not rarely exhibited by a certain class of the insane. Freeman, of Pocasset, was a marked example. He has recently had an imitator in Providence, Rhode Island. A resident of that city, under a delusion consequent upon an hallucination that God had commanded him so to do, built a pyre of wood in his house, saturated it with oil, bound his infant son,

and placed the child upon the pyre, while he himself knelt down to offer up a prayer for blessing on the intended sacrifice. Just before applying a match to the pile, he was discovered, and arrested before he could strike the match. There were, no doubt, many premonitory symptoms; but the public, finding the man to be able in business paid little attention to the mental peculiarities previously exhibited.

KNIFE WOUND OF THE LIVER.—Dr. Wolff (*Atlanta Medical Register*, March, 1882) reports a case of recovery from a knife wound of the liver. The right lobe was affected and protruded through the external wound. The hæmorrhage was at first considerable, but was controlled by cold. The blood, on examination, was found to contain sugar. The febrile reaction was not great. The stools were of a light color. The patient became icteric three days after the receipt of the wound, and there was retention of the urine, which, when drawn off by the catheter, was found to be dark and turbid. The patient made a good recovery; quinine and morphine being given internally. Cases of this kind are exceptional.

SEEING WITH THE STETHOSCOPE.—A charlatan resident in Braidwood, Illinois, is reported by Dr. D. B. Cattel (*Louisville Medical News*) to have gone through the following performances. He applied one end of an old fashioned monaural stethoscope to the patient's abdomen and the other to his eye. After some moments he informed his expectant patient that there was a scum growing over the liver and unless its growth was arrested he would surely die. The patient paid two dollars for this diagnosis and a pre-raphaelistic prescription. The "doctor" has been allowed to practise by reason of the ten year clause in the medical practice act of this State. Time alone will soon dispose of the charlatans who have profited by this necessary but unfortunate clause in the law.

BALTIMORE WOMAN'S MEDICAL COLLEGE.

—This College has recently been incorporated, and the following gentlemen have been elected professors: Dr. B. Bernard Browne, Professor of Diseases of Women and Children, and Clinical Obstetrics; Dr. Thos. A. Ashby, Professor of Obstetrics and Clinical Gynæcology; Dr. Randolph Winslow, Professor of Surgery; Dr. Eugene F. Cordell, Professor of Materia Medica and Therapeutics; Dr. William D. Booker, Professor of Physiology; Dr. Robert B. Morison, Professor of Chemistry, Urinary Analysis and Toxicology; Dr. Herbert Harlan, Professor of Anatomy and Clinical Surgery. The Chair of Practice of Medicine will be filled very shortly. The course of lectures will begin October 1, 1882. The professors seem to be well chosen, and the College will open under favorable auspices.

SUDDEN DEATH FROM A BLOW OF THE FIST.—Dr. Bacon, Cambridge, England, (British Medical Journal, February 11, 1882,) reports a case of death within five minutes after receiving a blow with the naked fist from behind, on the right mastoid process. Two lunatics were quarreling, and one struck the other in the manner just described. The patient struck, fell and after a few convulsive movements died. An extravasation of blood was found at the base of the brain, there was a clot in the fourth ventricle and effusion of blood which compressed the medulla oblongata. The skull was not fractured. The case is not very well reported but is nevertheless of interest. No doubt the arterial conditions consequent upon certain chronic forms of insanity might be an important factor in the production of death.

THERE have been in New York during the present year six hundred and seventy fatal cases of scarlatina. For the corresponding period of last year, exceptionally fatal in this respect as it was, the number was only two hundred and fifty-one. The

year 1880 was remarkable for the small death rate from scarlet fever, but during last year the disease assumed an exceedingly malignant type.

SALICYLIC ACID LOCALLY IN RHEUMATISM.—Dr. Charles Orton (British Medical Journal, January 7, 1882) claims that lint, soaked in a solution of salicylate of soda and applied to the affected joints in acute rheumatism, has been attended with speedy and great relief. This procedure is one not likely to be attended with the disadvantages consequent upon the administration of salicylic acid per orem, and would seem worthy of extended trial.

EYE AFFECTIONS AMONG THE INDIANS.

—Dr. L. Webster Fox (Philadelphia Medical Times, February 25, 1882) has been examining the eyes of the Indians at the government school in Carlisle, Pennsylvania, and has found among twenty-seven tribes, of one hundred and sixty-one males and eighty-nine females, two hundred and thirty-seven emmetropes, four hypermetropes, six myopes and three cases of simple hypermetropic astigmatism. He concludes that certain diseases exist among the Indians, due to climatic influences. Vision is more acute, as a rule, than among whites. Errors of refraction and intra-ocular disease are developing among the elder pupils who have attended school for several years, and among the semi-civilized tribes, showing that excessive employment of the eyes in youth to near work has a tendency to develop myopia. Indians are less subject to color blindness than any race yet examined, and their acuity of color sense is due to color education in infancy. The palpebral aperture is smaller than in whites, and there is greater apparent diminution in the size of the eyeball, which is also deeper in the orbit. There also exists greater flatness of the cornea, a shallower anterior chamber and smaller pupil. These researches are of interest from an anthropological standpoint.

PODOPHYLLUM PELTATUM.—Dr. Valerian Podwissotzki (*Archiv für Experimental Pharmakologie*, November 30, 1881,) claims that from the rhizome of the podophyllum and from the commercial podophyllin, he has been able to isolate the following substances: First: An extremely poisonous substance podophyllotoxin. Second: An extremely bitter substance, picro-podophyllin. Third: An acid, podophyllic acid. Fourth: An inert substance similar to que-reitin, and in addition a green oil and crystalline fatty acid. Podophyllotoxin is the active principle of podophyllum. It is fatal in one-sixty-fifth grain doses to cats and dogs. It may be obtained in a crystalline form. Picropodophyllin forms eight per cent. of commercial podophyllin. It is intensely bitter, and acts as an emeto-cathartic. One-ninth of a grain was fatal to animals. Podophyllic acid seems to be without effect. Podowissotzki believes that podophyllotoxin is decomposed by the action of alkalies into picropodophyllin and podophyllic acid.

IODOFORM HYPODERMICALLY IN SYPHILIS.—Dr. Thomann (*Centralblatt für die Medicinischen Wissenschaften*, No. 44, 1881,) has used hypodermically in syphilis, iodoform suspended in glycerine in the proportion of six to twenty. He began with five grains of iodoform, which were gradually increased to nine. He has also used iodoform suspended in oil. No local abscesses occurred at the point of puncture, but when the iodoformized oil was used there was much reaction of the cutaneous surface. The suspensions were prepared just before using, as otherwise there was a dissociation and liberation of free iodine. Iodine was found in the urine two hours after the injection of iodoform, and the odor of this drug could be detected in the perspiration and expired air. The results of this treatment of syphilis were good. It must be obvious that there is some danger of iodoform intoxication, and this possible complication should not be forgotten.

LOCAL.

CHICAGO MEDICAL SOCIETY.

The February 20 meeting of this society was well attended, notwithstanding the stress of weather. Dr. John Bartlett reported a case of necrosis of the frontal bone, with fracture, and presented the patient, a woman, who, five years ago, received the injury by striking violently with her forehead the edge of an open door. Four years later, a large portion of the frontal bone had disintegrated, and was removed. The dura mater was found to have been entirely destroyed, but the arachnoid was intact. The brain appeared to have shrunk, in some places, half an inch from the bone. During the past three months the skin has commenced to heal over the entire wound, and new bone is forming. The report was discussed by Dr. Tilley, who stated that he had a case under observation in which injury to the bone had been produced by bumping the forehead. Dr. Paoli had not seen before so large an amount of bone reproduced after the destruction of the periosteum.

Dr. S. I. Avery reported several cases of poisoning in a family from eating of canned sardines. Dr. Bartlett reported similar cases from eating pressed corned beef. Dr. Tilley reported cases of poisoning from eating bluefish. Dr. W. H. Curtis attributed the poisoning in such cases to the presence of a peculiar ferment in the food eaten. Dr. Ingals considered that the fault might lie with the food before canning. Winter cholera and its treatment were now discussed by several members. Dr. Montgomery announced the deaths of two members of the Society, Drs. Alexander Fisher and James A. Mead. Drs. John Bartlett, G. C. Paoli, R. C. Hamill and D. W. Graham were, on motion, appointed a committee to draft memorial resolutions, to be presented at the next meeting of the Society. The Society adjourned to March 6. At the February 20 meeting of the

CHICAGO ELECTRICAL SOCIETY,

Dr. Roswell Park presented a paper on "The Surgical Applications of Electricity." After a brief historical sketch of the use of electricity in surgery, a comparison of its medical and surgical uses, and mention of its use in detecting fraud and malingering, Dr. Park spoke of the use of the faradic current in strabismus, and in producing local anæsthesia, as in the extraction of teeth, opening of paronychiæ, etc. He then described the electric moxa, and spoke at considerable length on electrolysis and its application in aneurisms, varicosities, mother's marks, benign tumors, wens, etc., gôitres, malignant tumors, cancers, etc., depilation, ulcers and bed-sores. The galvano-cautery was next described, and its employment in the removal of tumors, cauterization of ulcers, cancers, fistulæ, oozing points after operations, and as a moxa, mentioned. Dr. Park now briefly alluded to the Brush dynamo battery, electric exploring probe, Bell's induction balance, the magnet, the electric light in surgery, Leiter's apparatus, the new Faure battery, and the polyscope.

MICHAEL REESE HOSPITAL.

A competitive examination for the position of Interne of the Michael Reese Hospital, was held March 2, in the Board rooms of the Hospital. The examining committee appointed to conduct the examination consisted of Drs. Hyde, Jacobson and Gradle. Seven candidates presented themselves. The written examination resulted in a "tie vote" between Drs. Fuchs, Beard and Carpenter; whereupon the Committee decided to put three oral questions to each successful candidate, resting the issue upon their answers. This being done, Dr. Jacobson announced that Dr. Fuchs had been selected to fill the position.

WOMAN'S MEDICAL COLLEGE.

The twelfth annual commencement of the Woman's Medical College was held at the Union Park Congregational Church, February 28. The degree of doctor in

medicine was conferred upon twenty-three graduates by the President, Dr. Wm. H. Byford. Dr. E. F. Ingalls made the next address. Dr. Eliza H. D. Root responded for the class. The annual banquet of the Woman's Medical College, held at the Palmer House, on Monday evening, February 28, was a brilliant and successful affair in many respects. Before the banquet, the Alumni Association elected Dr. Sarah Hackett Stevenson, President; Dr. Jane Walton and Rosa Engert, Vice-Presidents; Dr. Jennie N. Hayner, Secretary and Treasurer.

RUSH MEDICAL COLLEGE.

The thirty-ninth annual commencement of Rush Medical College was held at Central Music Hall, February 21. Dr. J. Adams Allen, President of the College conferred the degree of doctor in medicine to one hundred and seventy-nine graduates. Honorary degrees were conferred upon Dr. J. Milner Fothergill, of London, England, and Prof. Giovanni Paladino, of Naples, Italy. Ad eundem degrees were conferred upon Drs. I. N. Danforth and J. S. Knox.

Dr. C. R. Carpenter delivered the valedictory for the class. Dr. De Laskie Miller made the address on the part of the faculty.

It is with regret that the Review learns, from the last number of the Druggist, of the death of the daughter of Mr. H. H. Chandler, its publisher. He has the sympathy of the Review and its readers in his sad affliction.

A BRITISH and American Medical Society has been formed at Paris, France, composed of American citizens and British subjects, legally entitled to practice as physicians in Paris and actually doing so. The social element will be very prominent.

DR. D. A. WISE has been appointed superintendent of the Asylum for the Insane, Williamsburg, Virginia.

ORIGINAL CONTRIBUTIONS.

ON PULSATION OF THE ABDOMINAL AORTA, AS SOMETIMES MISTAKEN FOR ANEURISM.

BY ROSWELL PARK, M. D., CHICAGO, ILL.,

Consulting Surgeon to the Michael Reese Hospital, etc.

Probably every practitioner has met with one or more cases where a most careful study and much diagnostic skill were required to decide as between preternatural pulsation of the abdominal aorta and aneurism. I recall a case of this kind in the County Hospital, at the time of Mr. Erichsen's visit to America, and during his brief stay in this city. The majority of the surgical staff favored the diagnosis of aneurism, while Mr. Erichsen pronounced its aneurismal nature spurious; and, as the patient was subsequently discharged "cured," his opinion was evidently the correct one.

Case: A lady of about thirty years of age was referred to me recently for opinion. She had been examined by several physicians, with a diagnosis of probable aneurism. Her subjective symptoms were indefinite. She suffered little discomfort, except that at times she was conscious of an excessive throbbing sensation in the abdomen, and when undressed, the abdominal surface was seen to move with each pulse beat, in an unusual manner. She was of rather spare habit, the mother of one child, in apparently fair health, but of nervous disposition and inclined to be hysterical. For some time the bowels had been sluggish, and that the processes of digestion were not complete, was evident from the gaseous eructations and the passage of flatus of which the patient complained.

The pulsatile trouble was a matter of a few months' standing, and seemed to be on the increase. On this account she became alarmed. Examination revealed a hypertrophied heart, with slight mitral lesion. The umbilical region was tympanitic, while the colon evidently was loaded. Through the abdomen the pulsations of the aorta could be felt with unusual distinctness, and a sound much resembling an aneurismal bruit could be heard. On deep palpation the pulsation did not seem increased in force, and, while the aorta could not be plainly felt, the pulsations lacked any expansile character. Moreover, the same objective features held good for

the whole length of the arterial tube, as far as palpation could be any guide at all. The symptoms were not as marked at any time when I saw her as she said they were at occasional other times. Emotion of any kind, or excitement, seemed to greatly aggravate them. The vessels of the neck seemed to pulsate more visibly than usual. The only pain or discomfort she complained of could be easily explained by the overloaded condition of the lower bowel. She never complained of any distress, or any reflex neuralgias or symptoms, such as an abdominal aneurism would cause, and she never suffered from nausea. Firm pressure gave her no more discomfort than it would any one else.

A few days' treatment, devoted to the condition of the alimentary tract, was followed by marked improvement in her symptoms. Convinced that there was here no aneurism, I applied Scheele's test as a final one. This consists in making firm compression of both femoral arteries, and keeping it up for a few seconds at a time. If there be aneurism, patients will complain of pain in and around the tumor in a very short time. This method giving negative results, I bade her dismiss all apprehension. Under medium doses of glycerine (3ss. to 3i.) after each meal, she soon recovered from the annoying flatulence, and, by the aid of appropriate treatment, she has now gained in flesh, strength and spirits, and very seldom notices anything unusual in the way of pulsations.

Other cases of this same nature have come under my observation, where a superficial observer might easily be deceived. This subject has not been neglected by special writers, though overlooked in the ordinary text-books. Allan Burns, of Glasgow, and Dr. Albers, of Bremen, have devoted considerable time and space to the consideration of the same; and Morgagni, Thilenius, Pinel, Hunter and Hodgson, among others, have contributed to our knowledge of it. Aside from indurations and fecal collections, or various tumors in the abdomen, which may propagate or communicate such pulsatory motions, we may enumerate, in considering their ætiology, the following: Hypertrophy of the heart, with consequent displacement; adhesion of the pericardium to the heart; inflammatory adhesion of the viscera; gaseous distension of the stomach; enlargement of the vena cava or aorta, not aneurismal; convulsive actions of sections of the

recti muscles; increased action during certain fevers; suppression of menses, with consequent "palpitations;" irregular action of the diaphragm (Lewenhoeck); hysteria and chlorosis; hypochondria (Senac, De Haen, Pinel); and lastly, nervous disease (vaso motor) of the large vessels (Burns).

The diagnosis should usually be easy, provided the suspected cases be studied with sufficient care. If any of the above conditions be present, they may assist in clearing it up. According to S. Cooper (Dictionary), "should the patient be affected with melancholia, hypochondriasis, hysteria, or other nervous complaints, void blood from the stomach, or a black matter from the bowels; should there be any hardness, or swelling of any of the abdominal viscera discoverable by the touch, the probability is that the pulsations are not owing to an internal aneurism." The history of the case, the absence of pain and other symptoms of veritable aneurism, will aid in arriving at a conclusion. And a most valuable pathognomonic sign is that of Scheele mentioned above. This was first described in the *Berliner Klinische Wochenschrift*, July and August, 1878. Too firm compression may, however, do injury, or even cause fatal results in genuine cases, as reported by Saundby (*British Medical Journal*, February 15, 1879, p. 226). In cases where the aneurismal sac is so distended and weakened as to burst when pressure is thus made, it would hardly seem as though any such measure could be required before establishing a diagnosis.

NAPHTHOL IN THE DERMATOSES.—Dr. Balmanno Squire (*British Medical Journal*, January 14, 1882) takes issue with Kaposi respecting the value of naphthol in the dermatoses. He says that while it has not the minor disadvantages of chrysophanic acid, of staining the skin, it has the much greater inconvenience of producing blisters. He has found that its remedial effects fall far below what has been recently claimed for it by Kaposi.

INVESTIGATION.—And now the prevailing mania to investigate public officials threatens the Surgeon General of the Army.

DR. JUNOD, of Junod's boot fame, died February 25, 1882.

A NEW TRANSFUSION INSTRUMENT.

BY JAS. G. KIERNAN, M. D., CHICAGO, ILL.

Transfusion while one of the theoretically perfect procedures has been found to yield very poor results in practice. It has been among the earlier operations. It has even formed a subject for witticism on the part of the observant Samuel Pepys, who wrote in his diary*, "Dr. Crone told me that at a meeting at Gresham College there was a pretty experiment of the blood of one dog let out till it died, into the body of another on one side while all his own ran out the other side. The first died on the spot, and the other is very well and likely to remain so—but as Dr. Crone says it may, if it takes, be of mighty use for the amending of bad blood by borrowing from a better." Mr. E. E. Allen, of Grand Rapids, Michigan, has recently devised an instrument which seems better adapted to make the practice of transfusion "take" than any yet devised. A description of this is likely to be of interest which is my excuse for writing the present article.

In the ordinary transfusion the blood is at a rest one-half the time; in the tube above the bulb while the bulb is being compressed and in the lower tube while the bulb is being expanded. More than this, it is at a rest in the bulb (part of it) all the time. The same blood is liable to come to a rest four times while in transit. In the upper tube, in the bulb, in the lower tube and in the vein before it gets to a point where the system exerts a sufficient force upon the thickened blood to move it. The same blood is in the instrument during three contractions and expansions of the bulb, and this occupies, by actual experiment, forty-five seconds. (See also Roussel on Transfusion where the size of the bulb and the rate of transfusion give the same result.)

I am endeavoring to point out the requisites of a safe transfusion of any desired quantity of blood, chemically unchanged and with no diminution in value resulting from the operation. Blundell, the most ingenious experimenter on this subject, of whom I have read, (See Ashwell on Parturition for his memoir) declares that blood changes chemically when out of living tissue longer than three seconds. No instrument has ever prevented this or even approached compliance with the requirements resulting from this rule. I venture

* Pepys' Diary, November 14, 1666.

to assert that there is more than one case unreported where death has resulted from the transfusion of thick blood. Dr. Thomas was right as to the dangers which have truly seemed "inherent." Nor has the danger from air been overcome. There is a case reported in the Richmond and Louisville Medical Journal, 1872, where the introduction of two or three minute bubbles of air was followed by a "profound collapse."

Yet, in the common bulb syringe transfuser if air remains in either canula when it is inserted there is no way of expelling it. To test this, fill the bulb transfuser with water and insert each canula in a saucer of water with as much care as would be used in a transfusion; then compress the bulb. In almost every case bubbles of air will rise to the surface. Until the possibility of danger from either of these causes is overcome transfusion, as a remedy, especially in chronic anæmia, cannot be properly tested, for a resort to it will never be justifiable until death is imminent and the patient, generally beyond the influence of any remedy.

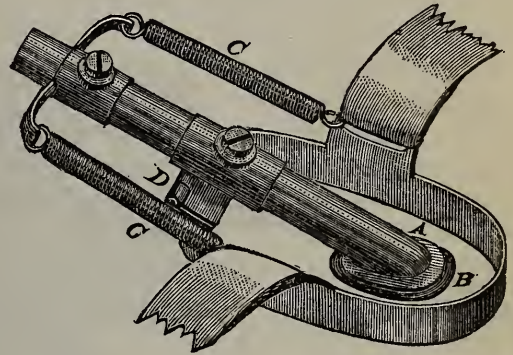
To overcome these dangers the blood transfused must be constantly agitated and in motion. It must not come in contact with air. It must not be longer than three seconds in transit. Nor must it go faster than is natural. A safe and sure means, one which never varies, must be devised by which every bubble of air shall be kept from entering the vein. To give it full benefit no part of the contents of the tube, placed there to expel air, should be injected.

The instrument invented by Mr. Allen consists of a skin cup and of the transfusing instrument. The skin cup, or cup having a rim, of metal, and for a bottom, the skin of the arm is fastened around the arm of the blood given by a band and, thus placed, will hold water.

Fastened to the top of the narrow rim by a hinge is a tube fitted to the instrument in place of the upper canula. It is enlarged for the purpose, and slants to the center of the cup, where it is so shaped as to fit the skin around the spot in the vein to be lanced. A narrow rim lined with kid increases the surface pressing upon the skin. The tube is held down by a spring. When everything is arranged the operator lifts the end of the tube resting upon the skin and opens the vein. The opening is then covered by the tube and the skin cup

instantly filled with water. The tube is thus surrounded with water and held to the skin by a spring, which prevents the ingress of air or water, and yet does not cut off the supply of blood.

The transfusing tube is of the smoothest pure gum rubber obtainable, and of the smallest bore. It is less than eighteen inches long so that blood can pass through it within three seconds without going at a dangerous rate. Through this tube the blood is transferred by means of rollers which roll along and compress it upon a flat metal strip. By this arrangement one or another of the rollers is constantly passing along the tube and thus a uniform current is created for the blood, both before and behind the roller is in motion. The only break in the steady stream is when a roller enters upon or leaves the tube. This creates an agitation of the blood, which, in closed tubes, retards coagulation. The operator sets the rollers in motion by turn-



ing a crank, and, by a rapid or slow motion, the current can be adapted to any patient.

In this slender tube, by means of this motion water can be raised to a height exceeding ten feet. The rollers and the portion of the tube passed over by them (about seven inches) are inclosed in a metallic box, the chamber of which is kept warm by the warm air from an alcohol lamp, the tubes of which lie along the under side of the box. An indicator shows the amount of blood transfused. At the lower end of the box is a vent connected by a branch tube with the bottom of a glass receiver.

When required for use the instrument is filled with warm water by placing the upper end of the transfusing tube in water and turning the crank in the direction which creates a suction at that end. By closing the main tube, just below the vent tube, the water is also thrown into the glass receiver, submerging the tube sunk to the bottom, through the stopper.

The skin cup is next placed in position, after which the operator opens the vein of the patient and inserts the lower canula. While it is being inserted an attendant lifts the glass receiver from the stand (on which the arms to be used, the instrument and receiver are placed) and the branch tube with the part of the transfusing tube below the vent, form a syphon causing water from the receiver to drip from the canula while it is placed in the vein. No bubble of air can, therefore, remain in the end of the tube or enter the vein. This inserted, the upper tube is lifted, the vein of the blood giver is lanced and covered by the tube, which always falls upon the exact spot over which it was fastened.

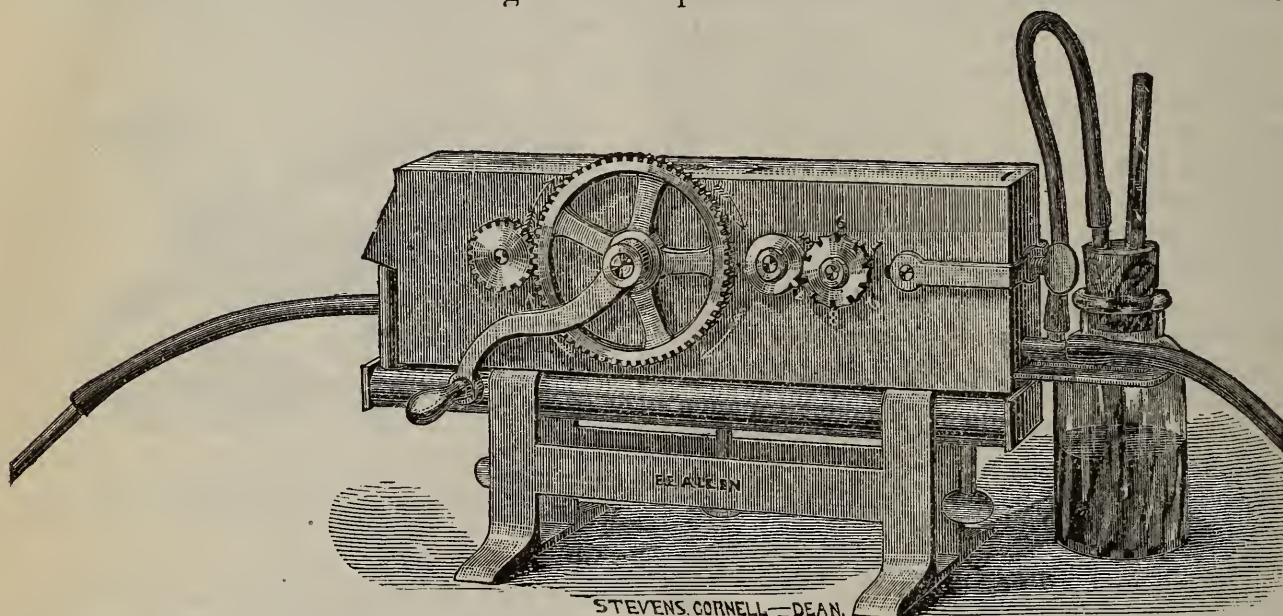
The operator now closes the tube below the vent and reverses the movement of the rollers; water from the glass receiver and blood from the arm of the blood giver are

ably expelled. In tubes of uniform size bubbles of air and of water invariably follow each other, whether the current be thrown up or down.

It is by reason of this principle that we have the hydrostatic bellows.

This rule does not apply where the current passes through a bulb in which the bubble of air can rise to the top and escape the current. It only applies in tubes of uniform size, or where a current is kept up. With this instrument there is no danger of a clot. At the time of the experiments with the bulb transfuser, already referred to, when that instrument had failed, the tube was inserted in the same vein and thirty-six ounces passed through, and the instrument was still clean.

Practice is the best proof. I have performed about twenty-five experimental operations with this instrument. I have



forced from the upper tube (slightly raised for the purpose) until the skin cup (holding one-half ounce) is full. Instantly reversing the motion the water is thrown into the glass receiver, as well as any air which may remain in the instrument. Three revolutions are given when pure blood will be seen flowing through the glass tube which forms the extremity of the branch tube. For the first time the transfusing tube is now opened and the vent tube closed. This is done without stopping the motion, and the pure blood is conveyed into the patient's vein, fast or slow, at the will of the operator. The amount transfused is recorded and the blood is kept warm.

The blood should not generally be transfused faster than at the rate of a pound in ten minutes.

The air is, by this arrangement, invari-

never seen it clogged but twice. Once when a blunt glass canula was used at the lower end for the purpose of trial, and once when a goose quill was used, which upon examination was found bent down at the end inserted into the rubber tube so as to obstruct it.

In the first of these cases it became filled with clotted blood three times in as many minutes. This contrivance may seem complicated, but separate the description of the operation from that of the instrument. The operator fills the instrument with water, inserts the point, bleeds the vein of the blood giver, expels the water from the instrument and transfuses the blood.

It is a nice and delicate operation, the successful accomplishment of which has baffled the ingenuity of many who have attempted it. The surgeon who attempts

to perform the operation without previous practice upon animals will fail, and then denounce the instrument as worthless; but he who gives to it one-half the attention which is requisite for an ordinary operation, will find it of great value.

CORRESPONDENCE.

VACCINATION—MEDICO-LEGAL SOCIETY—REASONING MANIA.

NEW YORK, March 12, 1882.

An answer to the representations of the opponents of vaccination, prepared by Dr. James and the surgeons in the Small-pox Hospital, was read at the meeting of the Health Board, February 24. It set forth that during January, 1882, there were admitted to the Riverside Hospital one hundred and sixty-six cases of small-pox. During the same period forty-eight deaths occurred in the institution. The ratio of deaths to admissions is found to be twenty-eight and ninety-two hundredths per cent. Of the one hundred and sixty-six patients, eighty-five had been vaccinated. Of the forty-eight persons who died only one had been vaccinated, as far as was known. The report concludes: "With such statistics derived from our daily experience, it seems to us unnecessary to quote figures from the past history of small-pox and vaccination to prove what has been repeatedly shown regarding the efficiency of vaccination." There are, however, it must be admitted, many elements of error in these statements. The type of variola was not stated, nor the condition of the patient when attacked by the disease. It is known, however, that the type usually presented was confluent.

MEDICO-LEGAL SOCIETY.

At the March meeting of the Society Dr. William A. Hammond read a paper on "Reasoning Mania, its Medical and Medico-Legal Relations with Special Reference to the Case of Charles J. Guiteau." Dr. Hammond holds views that are somewhat exceptional respecting the punishment of lunatics. The Review has (August 5, 1881,) taken the position that there is such a thing as partial punishability of the insane. Dr. Hammond claims that the punishability is not partial but total. He said:

"Before proceeding to the consideration of the medico-legal relations of reasoning mania, it will be well to give a somewhat systematic description of the affection as it has been portrayed by others and

as I have observed it in my own experience. The most prominent characteristic of the disease is an overbearing egotism, which shows itself on all, even the most unimportant occasions. The individual without social position, without wealth, and without political influence conceives that he has only to make his wishes known to those in authority to have them granted. He does not hesitate to push himself forward as an applicant for high office, and this when he has not one qualification fitting him for the position he seeks; refusals do not dismay him, the most pointed rebuffs do not abash him. He is sure that his application will be favorably considered, and any little act of common politeness that may be shown him is at once construed into a promise of assistance. He is invariably sure his appointment is about to be made, and when, as always happens, some other person is selected his chagrin is of short duration. He has some plausible excuse for his failure, and at once directs all his energies toward another and perhaps still higher position. It may be said that these are the characteristics of all office-seekers, but this I emphatically deny. We have in this country ample opportunity to study the natural history of the class in question, and I think all who hear me will bear me out in the assertion that it is the rarest thing in the world to find a person applying for an office for which he is totally unfit, and for which he could not obtain the indorsement of any intelligent person.

Not long since a young man was under my professional charge who for several years had been a source of great anxiety to his friends on account of his vagaries and general impracticability. His father had a large shoe factory, and the attempt was made to instruct him in the details of the business. It was found, however, impossible to make him give his attention to the subject. He was firmly convinced that nature intended him for something better than a shoemaker, and he destroyed a good deal of valuable property, leather, tools, etc., in order to induce his father to abandon the project. Finally he succeeded. He had received a tolerably good education in the branches usually taught in the public schools, and was, moreover, exceedingly quick in his perceptions of things which he desired to understand. As he told me the story of what he considered to be the wrong done him by his father in trying to make a shoemaker of him, he reas-

oned with great plausibility, and tears came into his eyes as he told the story of the indignity which had been attempted to be put upon him.

"The fact is," said he "that when I went to school I paid great attention to the study of languages. Now, if I had known that I was going to be a shoemaker I would have turned my attention to the study of the human foot, and then I should have been qualified to make the best shoes this country has ever seen. I have thought over the matter, and to-morrow I am going to Washington to ask the President to appoint me a Commissioner of Emigration, and send me to all the nations of Europe to see after the emigrants and instruct them in their duties as American citizens. I shall give lectures on the subject in all the principle cities of Great Britain, France and Germany. "But," said I, "do you speak French?" "Well, I studied French I can't say I speak it, but I can learn it on the way over." "You understand German?" "No, but as soon as I am in Germany I shall go to a private family to board and I will soon pick up that language." "Do you know anything of political economy?" "That is not essential. Emigrants do not require a knowledge of that science." "Now won't you tell me your idea of the duties of an American citizen in which you are going to instruct these people?" "I shall simply hand them the Constitution of the United States in their own language and then distribute copies of it among them. That paper," he continued, "contains the germs of all that a citizen requires to know." "But," I remarked, "there is not a word in the Constitution about the duties of citizens. It relates to quite different matters." "Nothing about the duties of citizens in the Constitution! Well, then, I'll supply the omission; I'll make it right; I'll know just what I'm about, and I'm just the man for the place." He drew up his application, went around among prominent persons asking for letters of recommendation, and though he did not get a single one, he proceeded to Washington and sought an interview with the President. His father, however, followed him, but could not bring him home without the assistance of the police. He is now an applicant for the command of an ocean steamship.

The intense egotism of these persons makes them utterly regardless of the feelings and rights of others. Everybody and everything must give way to them. Their

comfort and convenience are to be secured though every one else is made uncomfortable or unhappy, and sometimes they display positive cruelty in their treatment of persons who come in contact with them. This tendency is especially seen in their relations with the lower animals. Another manifestation of their intense personality is their entire lack of appreciation of kindness done them or benefits of which they have been the recipients. They look upon these as so many rights to which they are justly entitled, and which in the bestowal are more serviceable to the giver than to the receiver. They are hence ungrateful and abusive to those who have served them, and insolent, arrogant, and shamelessly hardened in their conduct toward them. At the same time if advantages are yet to be gained they are sycophantic to nauseousness in their deportment toward those from whom the favors are to come.

The egotism of these people is unmarked by the least trace of modesty in obtruding themselves and their assumed good qualities upon the public at every opportunity. They boast of their genius, their righteousness, their goodness of heart, their high sense of honor, their learning, and other qualities and acquirements, and this when they are perfectly aware that they are commonplace, irreligious, cruel, and vindictive, utterly devoid of every chivalrous feeling, and saturated with ignorance. They know that in their rantings they are attempting to impose upon whom they address, and will even subsequently brag of their success, as I have had them do to me.

It is no uncommon thing for the reasoning maniac, still influenced by his supreme egotism and desire for notoriety, to attempt the part of the reformer. Generally he selects a practice or custom in which there really is no abuse. His energy and the logical manner in which he presents his views, based as they often are on cases and statistics, impose on many worthy people, who eagerly adopt him as a genuine overthrower of a vicious or degrading measure. But sensible persons soon perceive that there is no sincerity in his conduct, and he cares nothing whatever for the cause he is advocating, that his cases and statistics are forged or intentionally misconstrued for the direct purpose of deceiving; in short, that the philanthropy or morality which he affects is assumed for the occasion. Even when his hypocrisy and falsehood are exposed he continues his attempts at imposi-

tion, and even when the strong arm of the law is laid upon him prates of the ingratitude of those he has been endeavoring to assist, and of the disinterestedness and purity of his own motives. Many of those who hear me will call to mind a recent notable case in point, in regard to which the public was enlightened through the agency of one of the daily papers.

As to derangement of the intellect, I am quite sure, that though the emotions and the will are primarily and chiefly involved, there is more or less aberration of the purely intellectual faculties in every case. Certainly this has been so in every instance that has come under my observation. To a superficial examination the intellect may appear to be unaffected, as it very generally happens that there is an absence of marked delusion. But a ready susceptibility to be impressed by slight exciting causes, an unquestioning faith in their own powers, when in reality these are far below the average, and an entire disregard of their duties and obligations and of the ordinary proprieties of life, are certainly indications of intellectual derangement. Most authors who have described the affection appear to think that it invariably exists without the participation of the intellect; others, perceiving that the intellect participates to some extent in all cases of mental derangement, refuse to admit the existence of reasoning mania. The question is a mere quibble; for whether the intellect is involved or not is by no means a matter of prime importance, and is resolved affirmatively or negatively according to the idea of what constitutes intellectual derangement, entertained by the disputants. In any event the reasoning maniac is, as Dr. Spitzka declared while on the witness-stand in the Guiteau trial, and as Campagne said seventeen years ago, "a true moral monstrosity."

Relative to the bodily peculiarities of reasoning maniacs, I have only space for the résumé of Campagne as follows: First: That the head is smaller than that of persons of sound mind. Second: That it is smaller than that of lunatics in general. Third: That as regards size it is about equal to that of persons of weak minds. Fourth: That it is larger than that of idiots. Fifth: That the antero-posterior curve, and particularly the posterior curve of the cranium are less than those of persons of sound mind, lunatics in general, the weak-minded, and even of idiots. It may be said that

reasoning maniacs have a congenital atrophy of the posterior lobes of the brain, and that the cranium has been diminished in size to the detriment of the occipital region.

And now to apply the foregoing remarks to the assassin of President Garfield. We have only to take the hypothetical question proposed by the district attorney, and which was answered by every one of the medical witnesses for the prosecution in positive language, that if the statements therein contained were true, the prisoner was sane. Let us see what these statements are:

That he had several insane relatives; that while at college he abandoned his studies and entered the Oneida Community; that he left it and subsequently returned; that he again left it and went to New York to establish a newspaper devoted to the dissemination of peculiar religious ideas; that he abandoned this project; that he studied law and was admitted to the bar; that he was married and then divorced through his own procurement; that he became interested in religion and delivered lectures on the subject; that while thus engaged he attempted to strike his sister with an axe; that though a physician could find neither illusion, hallucination, nor delusion he pronounced him insane, "because of exaltation of the motives and explosions of emotional feeling, also excessive egotism, and that he was the subject of pseudo-religious feeling," and advised his confinement in a lunatic asylum; that he soon afterward gave up lecturing; that he associated himself with the National Republican Committee and prepared a speech which, however, he only delivered once; that after the election of General Garfield he asked by letter for the appointment of Minister to Austria; that he went to Washington to urge his claim; that not getting the position he applied for that of Consul to Paris; that he "earnestly and persistently followed up his application by verbal and written requests, having no special claims for this place except his own idea of the value of his services," and having the recommendation of but one person; that he unwarrantably inferred from a remark of the Secretary of State that he might be appointed; that in spite of rebuffs from the officials in authority he continued to expect the appointment; that he made inquiries about a pistol which he subsequently purchased, borrowing money to pay for it; that he practised with it by

shooting at a mark; that he followed the President on two occasions for the purpose of killing him, but was deterred, once because his wife, who was sick, was with him; that finally he lay in wait for him at the railway station, and shot at him twice, intending to kill him, and inflicting a mortal wound.

That after the shooting he attempted to get to the jail for protection; that he was arrested, and that a letter to General Sherman, asking for troops to protect him, was found upon his person; that in two letters written several days before the shooting, he declares the President's nomination was an act of God, that he has just shot the President, "that his election was an act of God, his removal an act of God"; that in another document addressed to the American people, and dated as early as June 16, he used this language: "I conceived the idea of removing the President four weeks ago; I conceived the idea myself, and kept it to myself," and other words of like character.

That he subsequently claimed that he was inspired by the Deity to kill the President, and that he had had previous inspirations; that for years before the shooting he had procured a precarious living, not paying his board-bills, borrowing money, evading the payment of his railroad fares, retaining money collected by him as a lawyer, and being several times in prison on charges of fraud; and that on the stand he stated that he felt remorse for his deed so far as his personal feelings were concerned, but that his duty to the Lord and the American people was paramount.

On such a statement of facts, and with a knowledge of the manner in which the prisoner conducted himself while being tried for his life, his abuse of his friends who were endeavoring to save him, his praise of judge and jury and opposing counsel at one time and his fierce denunciation of them at another, his speech in his defense, his entire lack of appreciation of the circumstances surrounding him, his evident misapprehension of the feelings of the people toward him, his belief in the intercession of prominent persons in his behalf and of his eventful triumph, and the many other indications with which you are familiar, especially his conduct after sentence was pronounced, I have no hesitation in asserting that Guiteau is the subject of reasoning mania, and hence a lunatic. There is not an asylum under the charge of

any one of the medical experts for the prosecution that does not contain patients less insane than he.

Seven years ago, I said, speaking of cases such as those now referred to: "That individuals thus affected are insane, that is, of unhealthy minds, is undoubtedly true; but there is none the less any reason why, when convicted of crimes, they should not be made to suffer the full penalty which the law awards. There is no evidence to show that a crime committed through a morbid impulse, based upon a still more morbid emotion of pleasure, could not have been prevented had the individual chosen to combat the desire of self-gratification. Those morbidly constituted persons who commit crimes because it is pleasant for them to do so, should be treated exactly like other offenders against the laws. The absence of motive is apparent only. The fact that the criminal experiences pleasure from the committal of the act is as strong a motive as any other that can be alleged, and is entitled to no more extenuating force than the pleasure of revenge, or acquisitiveness, or other passions. 'Lord, how I do love thieving,' said a London vagabond; 'if I had all the riches of the world, I would still be a thief.' The plea, 'I could not help it,' is one which every member of the criminal classes can urge with as much force as the subject of emotional morbid impulse, and when it stands alone in an otherwise sane individual should be absolutely disregarded by juries and judges." In a paper on "Morbid Impulse," read before this Society May 28, 1874, I enunciated like views.

For this opinion I have been abused by certain ultra-humanitarians and emotional philosophers, who believe no doctrines and accept no statements that are not agreeable to them; the same class of people, in fact, who, during the President's suffering, slandered all who, looking at his condition through the medium of medical and surgical knowledge, were forced to the conclusion that recovery was almost out of the question. With such individuals black is white and white is black, according to the pleasure to be derived from either belief. It is a source of satisfaction to me to find that the views which for nearly ten years past I have endeavored to promulgate have at last received practical endorsement by the conviction of Guiteau. The emotional philosophers, desiring him to be sane, still endeavor to persuade themselves that their

wishes and facts are the same thing, and to the disgrace of American psychological medicine, they are sustained by certain physicians who appeared as witnesses for the prosecution. The charge of Judge Cox shows what he thought, and it is doubtless to his very emphatic declaration that insanity, unless of such an extent as to destroy the knowledge of right and wrong, or prevent the accused knowing the nature and consequences of his act, does not absolve from responsibility for crime, that a verdict of guilty was rendered.

The admirable charge of Chief Justice Davis, of the New York Supreme Court, in the Coleman case, leaves nothing to be desired. "Emotional insanity," he says, "impulsive insanity, insanity of the will, or of the moral sense, all vanish into thin air whenever it appears that the accused party knew the difference between right and wrong at the time and in respect of the act which he committed." This is very different from the law as laid down by Judge Hogeboom in the case of Cole, tried for the murder of Hiscock. Here it was declared that "an insane impulse, leaving the mind incapable of exertion, holding the individual incapable of exercising his mind, so far as I have defined it to you, exempts him from responsibility, and if, under the influence of such a want of mind, the prisoner commits the act, whether you call it irresponsible impulse or anything else, it exempts him from responsibility." As I have endeavored to show quite recently, there is no necessary connection between medical insanity and legal insanity.

Let Guiteau suffer the full legal penalty of his crime, but let him be executed with the distinct understanding that he is a lunatic deserving of punishment. To shut our eyes to his exact condition, and to try to flatter ourselves that he was of normally constituted mind when he shot the President, is not only cowardly, but it is impolitic. The conviction and execution will be without the force of an example upon hundreds of others of unsound minds who may be contemplating the commission of crimes. And it will lead to the erroneous conclusion that there was a sane man, a man in the full possession of his mental faculties, capable of killing the President of the United States for the purpose of uniting the two wings of the Republican party, when both had never failed to show their contempt for the assassin whenever he had given them the opportunity. Was

there ever a more insane motive than this, and was there ever a man whose whole career from childhood to the present day has afforded a more striking example of that form of mental derangement called reasoning mania?

The Chair called on Dr. Ralph L. Parsons to open the discussion on the paper just read, who said he was long of the opinion that the ideas of this paper were entirely correct. "The characterization of this Guiteau form of insanity," he said, "places it equally strong on the basis of any other kind of insanity. In saying that the intellectual powers are in every case involved, the author of the paper has the right idea. The mind is a unit, and the faculties are so interdependent that whether one or more be affected, the insanity is all the same. There are some cases of insanity in which the emotions manifest themselves in an abnormal manner, and as the disease progresses the physical symptoms become more strongly marked than in any other. Insane persons are influenced by motives; at least patients in an asylum are. For instance, a patient becomes unruly and is told that he will be removed to a cell, and the patient may or may not be influenced by the motive, keeping out of the cell; but the person in charge of the patient has to study his temperament and disposition, and exercise an influence in that direction as well. The great majority of patients in asylums are irresponsible for their acts, and that they are influenced by motives and by rewards and punishments is beyond controversy." He said he was not in accord with Dr. Hammond as to the legal penalty for insanity. With each insane man the motive of his crime is his own particular motive. His hanging can be no example to sane men, for sane men would never hold a similar motive for murder. It was not in accordance with his views of justice to punish insane persons. Mr. George H. Yeaman said that, as a lawyer, he thought the doctors employed too many terms in the discussion of insanity. He would like to know what is the sense in the expression "reasoning mania." He was always troubled with the truth that the mind was a unit, and therefore how do we explain the expression of "partial insanity?" Guiteau was not a man of sound mind, but he was clearly amenable to the law. The mind may be like the condition of the earth with one half in light and the other in darkness,

but as far as Guiteau was concerned, he was plainly aware of the consequences attaching to his deed, and it was nothing like the ordinary case of emotional insanity.

Dr. Spitzka suggested that the experts who pronounced Guiteau sane be called on, but although notified, none were present. He then said that there was a prevailing delusion that an expert in insanity had a profound knowledge of pathology, physiology, metaphysics and many other things, but that was knocked on the head at Washington. He examined Guiteau before he testified, and he found that he was full of delusive conceptions. He wanted the mission to Austria and couldn't speak a word of German, and the mission to France when he could not speak French. He believed he was doing a great act for the benefit of the American people, and he believes now that when he ascends the gallows he will expect the Almighty will come down and cut the rope. The form of insanity from which he is suffering is best expressed by a German term, and is equivalent to original insanity. There is a profound defect in Guiteau's nervous organism, and it is known that he was unable to articulate till he was six years old. The doctor went over the history of Guiteau and read cases having a decided resemblance to that of the President's assassin. He would not unreservedly endorse the position of Dr. Hammond. The main question is, Will the penalty inflicted upon him deter others from doing the same? He did not think it would, and he quoted the number of lunatics who tried assassination since Guiteau's crime when public feeling was at its highest pitch.

Dr. Beard said he agreed a good deal with the last speaker and with much that Dr. Hammond said. He thought it was impossible to have any line of demarcation between the moral and intellectual faculties. He made some amusing allusions to the Guiteau trial and said he knew some of the inside workings and was in the caucus of the prosecution. Guiteau was put through after the way they scald hogs in Chicago. No matter how the hog went in at one end of the cylinder he came out at the other still a hog. The prosecution was determined Guiteau should come out the way they wanted, and they succeeded. Dr. Mann said he was surprised at the position most of the experts took on the Guiteau trial. The form of Guiteau's insanity was theomania, and, if he lived, it would de-

velop into melancholic mania or perhaps suicide. He was, as Dr. Hammond says, clearly insane. Dr. Gray, of Brooklyn, said that every case like Guiteau's, of undoubted insanity, should be sent to a lunatic asylum, and the hanging of such a man would not deter others from following his example. Dr. Sayre said the experts should have made the examination of Guiteau before the trial came off, and if found insane by a body of expert doctors, be sent for life to a lunatic asylum, and the government would be spared expense and scandal, and it would not go forth to the world that a sane man had murdered the President. Dr. Henry indorsed every word in Dr. Hammond's paper. He believed in the old English doctrine, that if a man commits murder and is conscious of the fact, no subsequent plea of insanity should save him. Mr. Clark Bell then made some remarks of like tenor, after which Mr. G. M. Scoville, counsel for Guiteau, said: "I think if the doctrine that every man who understands the consequences of his crime should receive the same punishment, is presented to the minds of the American people, they will say it is not correct law. If that rule were adopted, you would have to take three-fourths of the inmates of your lunatic asylums and try them in court, because they know the difference between right and wrong. The courts find some way, when public opinion demands it, of modifying the law, and while holding to the spirit they do not to the letter. It is of importance to this country, to the intelligence of this age, that we should not go back to a standard of fifty years ago, and we should not make an iron rule which holds alike the sane and the insane. If you do, you must take many of the insane out of your asylums and convict them of crime." Dr. Hammond closed the discussion. He said that in the last hundred years seventy-three murderers had been acquitted, sent to lunatic asylums, released, and again committed murder. If a man has a morbid impulse he must control it, and Guiteau should have done that. J.

It is pleasant to correct the error made in the March 1 Review. The very able critique therein cited from the New York Medical Journal was not written by Dr. C. Folsom, but by Dr. N. Folsom, of Boston, Massachusetts.

REVIEWS.

THE SYMPATHETIC DISEASES OF THE EYE.

By Ludwig Mauthner, M. D., Royal Imperial Professor in the University of Vienna. Translated from the German by Warren Webster, M. D., Surgeon U. S. A. New York: William Wood and Co., 1881. W. T. Keener, Chicago.

This is a work intended to discuss a very important topic in a concise and intelligible style. It collates very well all the literature of the subject. The author's experience has evidently been large, sufficiently so to excuse the apparent dogmatism of his statements. He claims that "when the other eye is in a state of irritation an eye which still possesses vision must be unhesitatingly sacrificed; success is too certain and too much is at stake for the oculist to hesitate." This claim would appear to be justified by the experience of many ophthalmologists. The translation is fairly well done; as will be seen by the cited passage, there is, at times, ambiguity, and the translator uses terms not ordinarily found applied to the specialists treating diseases of the eye. The book is likely to be of much value to the general practitioner. It has been very well issued by the publishers.

FISTULA, HÆMORRHOIDS, PAINFUL ULCERS, Stricture, and Other Diseases of the Rectum; Their Diagnosis and Treatment. By William Allingham, F. R. C. S. E., Surgeon to St. Mark's Hospital for Diseases of the Rectum. Fourth edition. Philadelphia: Presley Blakiston, 1882. W. T. Keener, Chicago.

This is the most valuable of the special works on the rectum. Its author has both enjoyed and improved valuable opportunities for observation of the diseases of the rectum. Three large editions of the book have been sold, and it has been translated into French, Italian, Spanish and Russian. The first chapter consists of an introduction, the statistics of the subject, the description of the methods of examination of the patient, and of rectal exploration. The second and third chapters discuss fistulæ in all their relations. The fourth, fifth, sixth and seventh chapters deal with the subject of hæmorrhoids. The eighth chapter takes up the subject of rectal fissure. The ninth chapter is devoted to rectal polypus. The tenth chapter discusses rectal ulcer-

ation. In the eleventh chapter a very full examination of the symptoms, causes and relations of rectal stricture is made. Chapter twelve is devoted to Procidencia Recti; chapter thirteen to Pruritus Ani; chapter fourteen to Impaction of Fæces; chapter fifteen to Cancer of the Rectum; chapter sixteen to Rodent Ulcer of the Rectum. Chapter seventeen discusses Villous Tumor of the Rectum, Neuralgia of the Rectum, Proctitis, Rectal Gonorrhœa and Vicarious Rectal Menstruation, concluding the work. It is very well illustrated, and presents a good appearance bibliographically.

HANDBOOK OF UTERINE THERAPEUTICS and Diseases of Women. By Edward John Tilt, M. D. Wood's Library of Standard Medical Authors for November, 1881. New York: William Wood and Co., 1881. W. T. Keener, Chicago.

This is the second work on gynæcological topics that has appeared in Wood's Library in the past two years. The American gynæcologists have been represented by Dr. Mundé. This volume, however, represents not exactly the English gynæcologists, but a particular school of them, whose great prophet is Bennett, and whose chief doctrine is that inflammation is a great factor in uterine pathology. In consequence of this, Dr. Tilt discusses at great length topics which are ordinarily relegated to the works on materia medica. Sedatives, antiphlogistics, caustics and emmenagogues take up one-half the work. Modern gynæcological procedures are, in consequence, not very fully discussed. In this respect the present work will not bear comparison with the work of Dr. Mundé. The book is markedly unequal. The chapters on "General Treatment," on "Uterine Dietetics and Home Treatment," and on "Prevention of Diseases of Women," are very good. On the other hand, the chapters on "Uterine Surgery" and on the "Treatment of Uterine Displacements" are worse than mediocre. The book is devoted rather to the treatment of symptoms than disease. It cannot be said to have reached the standard required from gynæcological works. It is like the rest of the Library for 1881, well issued.

DR. FREUND, of Strasburg, has accepted the Chair of Obstetrics in Breslau, made vacant by the death of Dr. Spiegelberg.

BOOKS AND PAMPHLETS.

Prof. Dr. H. Obersteiner, Vienna, Austria, Ueber das neue Niederlandische Irrengesetz, Separat Abdruck Aus dem Centralblatt fur Psychiatrie, V. Jahrgang, 1882, Nro. 2.

G. M. Beard, M. D., 52 West 34th Street, New York, N. Y. The Study of Trance, Muscle-Reading and Allied Nervous Phenomena in Europe and America, with a Letter on the Moral Character of Trance Subjects, and a Defence of Dr. Charcot. New York, 1882.

F. Staples, M. D., Winona, Minnesota. Report on Diphtheria. Reported from the Transactions of the Minnesota State Medical Society for 1881.

J. Milner Fothergill, M. D., London, England. Some Practical Points on Digestion. Reprinted from the Practitioner.

P. Blakiston, Son & Co., Philadelphia, Pennsylvania. Catalogue of Medical, Dental, Pharmaceutical and Scientific Publications.

T. J. Crothers, M. D., Hartford, Connecticut. The Trance State in Inebriety: Its Medico-Legal Relations, with an Introduction on the Nature and Character of the Trance State, by George M. Beard, M. D., New York City. A Paper read before the New York Medico-Legal Society, November 2, 1881.

Henry Ashby, M. D., London, England. Memoranda of Physiology. Third edition, thoroughly revised with Additions and Corrections, by an American Editor New York: William Wood and Company, 1882.

C. B. Keetley, F. R. C. S., London, England. An Index of Surgery; being a concise Classification of the main Facts and Theories of Surgery for the Use of Senior Students and others. New York: Bermingham & Co., 1882.

J. A. Irwin, M. A., M. D., London, England. Preliminary Observations on the Pathology of Sea-Sickness. Reprinted from the Lancet, November 25, 1881.

Charles H. Hughes, M. D., 1710 Chouteau avenue, St. Louis, Mo. Moral (Affective) Insanity. Reprinted from the Alienist and Neurologist, January, 1882.

Charles H. Hughes, M. D., St. Louis, Mo. The Case of Rand. Reprinted from the Alienist and Neurologist, April, 1882.

Thomas A. Ashby, M. D., Baltimore, Maryland, Observations on the Part the Obstetrical Forceps Plays in the Induction and Prevention of Perineal Laceration. Reprinted from the Maryland Medical Journal, February 15, 1882.

Samuel Theobald, M. D., Baltimore, Md. Constitutional Remedies in Ear Diseases. Reprinted from the Medical News, February 3, 1882.

H. R. Bigelow, M. D., Washington, D. C. Physicians', Pharmacists' and Therapeutic Gazette Reprinted from the New England Medical Monthly, March, 1882.

A. B. Palmer, M.D., Detroit, Mich. Homœopathy. What Is It? Geo. S. Davis, Publisher, Detroit, Michigan.

T. A. McBride, M. D., 47 E Twenty-fifth street, New York. American Journal of Neurology and Psychiatry. Volume one; Number one. R. Westerman, Publisher.

A. Erlenmeyer, M. D., Bendorf bei Coblenz, Germany. Centralblatt fur Nervenheilkunde Psychiatrie und Gerichtliche Psychopathologie. Volume Five; Number Four.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from February 13, 1882, to February 28, 1882.

Campbell, Jno., Lieutenant Colonel and Surgeon, Medical Director, Dept. of the South. Granted leave of absence for fifteen days from 13th inst. S. O. 17, Dept. of the South. Feb. 11, 1882.

Gardner, Wm. H., Captain and Asst. Surgeon. Assigned to duty as Post Surgeon at Fort Concho, Texas. S. O. 13, Dept. of Texas. February 6, 1882.

Pope, Benj. F., Captain and Asst. Surgeon. Relieved from duty in Dept. of Dakota, and to report in person to the Surgeon General for duty in his office. S. O. 42, A. G. O. February 21, 1882.

Bartholf, Jno. H., Captain and Asst. Surgeon, Fort Lapwai, Idaho. Granted leave of absence for fifteen days. S. O. 12, Dept. of the Columbia. January 25, 1882.

Moffatt, Peter, Captain and Asst. Surgeon. Relieved from duty at Camp Spokane, W. T., to proceed to Fort Coeur d'Alene, Idaho, and re-Asst. Surgeon Spencer from duty at that post. S. O. 20, Dept. of the Columbia. February 11, 1882.

Finley, J. A., Captain and Asst. Surgeon, Fort Adams, R. I. Granted leave of absence for one month. S. O. 29, Dept. of the East. February 20, 1882.

Maus, L. M., Captain and Asst. Surgeon. The leave of absence granted him in S. O. 222, A. G. O., October 1, 1881, extended one month. S. O. 36, A. G. O. February 14, 1882.

Comégy, E. T., Captain and Asst. Surgeon. Assigned to duty at Fort Stanton, New Mexico, relieving Asst. Surgeon Newton. S. O. 40, Dept. of the Missouri. February 21, 1882.

Banister, John M., First Lieutenant and Asst. Surgeon, Fort Reno, Ind. T. The leave of absence granted him in par. 1, S. O. 18, Dept. of the Missouri, January 24, 1882, is extended one month. S. O. 16, Mil. Division of the Missouri. February 15, 1882.

Spencer, Wm. G., Captain and Asst. Surgeon. Granted leave of absence for one month, with permission to apply for an extension of one month, to Division Headquarters, and for an extension of four months to the Adjutant General of the army. S. O. 19, Dept. of the Columbia. February 10, 1882.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.
E. C. SPITZKA,
Diseases of the Nervous System and of the Mind.
CHRISTIAN FENGER,
Surgery.
E. C. DUDLEY,
Gynæcology.

HENRY GRADLE,
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THE NEW YORK CODE OF ETHICS is being very vigorously denounced by many of the medical journals as a useless sacrifice of principle. They claim that between the fanatical homœopathists, who adhere to Hahnemania in all its rigor and denounce the somewhat more rational homœopathists as mongrels, and the regular profession there can be nothing in common except possibly the question of diagnosis which is of little value since homœopathic dosing is directed chiefly against symptoms and not diseases. These medical journals urge, and with truth, that some of the "mongrel" homœopathists practice homœopathy or not according to the prejudices of their patients, and are therefore more to be condemned than the narrow fanatical but sincere Hahnemaniac. The President of the New York State Homœopathic Society is cited as one of this class who practices homœopathy in homœopathic families, and according to the regular school where his patients are a little more sensible. Still there is no denying, as has been pointed out by Dr. Piffard in a communication in the present number of the Review, that with these, the American code permits consultation; that code it must also be confessed would exclude certain regular physicians who go around among the laity denouncing the use of mercury and metallic remedies. The New York code would

therefore seem to be at least useless, and Dr. Roosa's resolution much more consistent.

DR. PIFFARD however seems to be in error on several points. The general practitioners of the committee alluded to by him were general practitioners who were largely consulted on certain specialities, and were therefore in the full sense of the term, specialists. If the Review's correspondent was in error concerning the purport of Dr. Moore's proposition, he erred in very good company as the Medical News, and one or two prominent physicians present apparently had the same idea. Dr. Piffard must also have failed to convey his idea of the medical practice act to many present. Dr. Piffard seems to be in error as to the position taken by the New York County Society. The proposition was voted down, no less a physician than Dr. Sayre declaring that if the homœopathists were honest they should recant their absurdities as the then president of the New York County Society had done. Dr. Piffard appears to be ignorant that in New York exists a large number of homœopathists whose organ is the "Homœopathic Physician," and who fiercely denounce both the regulars and the so-called liberals or "mongrel" homœopathists. He seems also not aware that the present President of the Homœopathic State Society holds a State medical position simply because he calls

himself a homœopathist, all of which circumstances tend to seriously impair the value of his arguments. He appears to think that non-mention of certain misdemeanors and absolute prohibition of the same, are antagonistic terms. With these exceptions, his argument is a strong one in favor of a measure he has been urging on the profession for several years.

It is perhaps too early to predict the results of this code; that it will make two parties in the homœopathic ranks there can be no doubt, and that it will involve the New York society members in some trouble would seem to be indicated by the position the Canadian journals are taking in this matter, threatening to refuse admission to the Canadian Medical Association to the recently elected delegates of the New York State Medical Society. It seems, therefore, likely that a medical war of rather large proportions may grow out of this action of the New York Society; but that such a code will be ultimately be adopted by medical societies of States containing large cities seems probable, as these always contain numerous specialists, and in their case interest and inclination will tend to make them follow in the footsteps of their brethren of the State of New York.

INTERNATIONAL QUARANTINE.—At a special meeting of the Michigan State Board of Health, held at Ann Arbor, March 1, 1882, the following preamble and resolutions were adopted: Whereas, Measures for the prevention of the introduction of diseases from foreign countries into the United States are of national importance, affecting not only the seaboard and gulf States but also States in the interior, as evidenced a few years since by the widespread disaster from yellow fever, and recently by the wide diffusion of imported small-pox; Therefore Resolved, That in the judgment of this Board, such measures should be continued by the National Board of Health and undertaken by the United States Government as will best and most

effectually prevent the introduction of diseases into the United States. Resolved, That our Senators and Representatives in Congress be, and they hereby are respectfully and earnestly requested to use their influence toward securing any appropriate legislation which may be necessary.

MERCURY AND OTHER REMEDIES IN SYPHILIS.—Dr. George Henry Fox, New York, (New York Medical Journal, March, 1882,) maintains that mercury, while undoubtedly the most valuable remedy in the medicinal treatment of syphilis, is yet an overrated drug, and is not essential to the cure of the disease. It is best administered internally rather than by inunction, by vapor baths, or by hypodermic injection. The amount usually given is unnecessarily large, and its local irritant effects should be avoided. The duration of its use should vary according to the severity of the case; no absolute rule can be laid down. Iodide of potassium, the author thinks, should not be reserved solely for the late period of the disease, for there is no stage in which either iodine or mercury is incapable of doing good. Instead of the so-called "mixed treatment," he prefers to give the two agents separately. Iodide of potassium ought not to be administered continuously for any great length of time. It does its work quickly or not at all, and when unnecessarily continued is sure to do harm. Very large doses should not be used without the clearest indications. They are not without their value in certain cases, but iodism has doubtless often been mistaken for the manifestations of syphilis. Iron deserves to be ranked with mercury and potassium iodide from its effect on the anæmia of the early stage of syphilis. Cod-liver oil is another remedy of great value. Syphilographers seem to be very subject to the influences of the changes of fashion in therapeutics. At one time mercury is greatly praised, at another potassium iodide. The truth lies of course between such extremely opposed views.

EPILEPSY AND PROGRESSIVE PARESIS IN IRELAND.—The reports of the inspectors of the Irish asylums for the insane show a marked contrast with those of English lunacy authorities. During the year 1881 there were admitted to the English asylums, thirteen thousand, two hundred and one cases of insanity, of which one thousand, one hundred and fifty-seven were epileptics, and nine hundred and sixty-nine progressive paretics; while in Ireland there were no cases of progressive paresis admitted, and but five hundred and fifty-two epileptics. The probable explanation of the first fact is that there is not so much mental strain on the population of the former country as there is among the latter people. On the other hand, the epileptics do not find themselves so much out of accord with their surroundings, and so are not sent to asylums as frequently. The pauper and indigent class is more numerous among the Irish than among the English insane, which tends to lead to the conclusion that most of the Irish upper and middle classes are sent to England for treatment. At the same time it must be admitted that there is a large Irish colony in England and Scotland, and the influence of this remains to be determined. Among the speculative classes progressive paresis is most frequent, but it would seem that this class is not numerously represented among the patients of the Irish asylums.

THE POSITION OF THE OVARIES.—Professor His, quoted by Dr. Dwight, (Boston Medical and Surgical Journal, March 9, 1882,) contributes a new paper to the increasing literature of this vexed question. He holds, in the main, to his theory that they lie with one side resting against the wall of the true pelvis and that the long axis is vertical, a view which appears to have gained ground since its publication in 1878. He has since very carefully examined the position of these organs in three suicides aged respectively fifteen, sixteen and twenty years, and finds, as indeed

might have been expected, that if the fundus of the uterus is on one side of the median line the ovary of the opposite side is drawn downwards and into an oblique position. It is evident that after this position has once been reached the weight of the viscera will tend to press the ovary more and more from its normal position. Summing up the results of all his observations His gives the following as the normal or primary position of the ovary in the young adult female. The organ lies with its side against the wall of the pelvis, the free border being behind and the attached end below. The Fallopian tube is looped over the ovary, rising along the front and falling behind it. The fimbriæ then turn back and spread over the summit of the ovary. It should be remembered that with advancing years and after repeated pregnancies the situation of the ovary must become more and more uncertain.

UTERINE AND VAGINAL CARCINOMA.—Dr. M. Funk, Vienna, Austria, (Medical News, March 11, 1882,) who appears to be one of those gentlemen of the Gradgrind school so numerous in the present day, after stating that he is not in a position to offer any theory as to the ætiology of carcinoma in connection with the female sexual organs, says, he can only criticize assigned causes. He claims: First: Syphilis has no ætiological relation to cancer though the two diseases may coexist. Second: Heredity in uterine cancer could not be shown by the most critical analysis of the cases which he has seen. Third: Parturition has been emphasized by Graillly Hewitt as a cause of cancer but he (Funk) thinks without "a foundation in truth." Fourth: Traumatism is never the origin of cancer. Fifth: Acute and chronic inflammations connected with the female sexual organs he is convinced are never the starting point of cancer. These are extreme views whose chief basis is the extremely sceptical imagination of Dr. Funk. Scepticism of this kind does chiefly harm rather than good.

TINEA VERSICOLOR IN A CHILD.—According to Dr. L. D. Bulkley (Archives of Dermatology, July, 1881,) it is doubtful if tinea versicolor ever appears before puberty. Duhring (Diseases of the Skin) has never observed it in children. Malcolm Morris (Manual of Skin Diseases) says it does not occur in childhood. Special interest therefore attaches to the case reported by Dr. Walter G. Smith (Archives of Dermatology, January, 1882.) A girl, aged twelve, was admitted into the hospital, under his charge, for measles. When convalescing from the measles it was noticed that she was suffering from an extensive eruption of tinea versicolor. The disease was widely spread over the chest, and was plainly visible on the back. It consisted for the most part of small dark brown spots and patches with abundant branny desquamation but was not itchy. The eruption was confluent over the sternal region. The disease had existed for a very long time.

GLYCERINE IN BURNS.—Dr. John B. C. Guzo, La Fourche Parish, La. (American Medical Weekly March 4th, 1882,) says that he has used glycerine pure or with equal parts of water, according to the nature of the burn, applied on linen compresses, constantly applied as a lotion to the injured surface. He has also had recourse to a mixture of glycerine and collodion, in the proportion of one part of the former and three of the latter, applied with a camel's hair brush, which has been used in several cases with good results. This preparation is exceedingly supple, does not crack nor scale off from the skin and accommodates itself to muscular action and the movement of the limbs. The results of the application of glycerine in this manner have convinced him that it has some specific action in expediting the cicatrization of burns and scalds, however extensive they may be, and that it prevents in a great degree the unsightly puckering and contraction, which too often interfere with the proper action of joints involved in the accidents. A pledget,

having several apertures made in it by a perforator, and thickly spread with cold cream, is applied over the whole surface of the burn; upon this mass of cotton wadding or pledget a compress of muslin cotton, at least one to two inches in thickness, is laid and kept saturated with glycerine when needed, the whole dressing being covered by a dry compress and bandage. The cotton-wadding or the muslin-cotton must be moistened with glycerine, thus; three or six times a day, according to the degree of the burn, and the whole dressing removed every twenty-four hours. In winter and when the prostration is great, the application should be warm, and when the surface of the wound is extensive, portions of it should be dressed as fast as exposed.

DUPUYTREN'S CONTRACTION OF THE FINGERS.—Dr. W. W. Keen (Philadelphia Medical Times, March 11, 1882,) after a very careful and exact examination of one hundred and twenty-six cases of this disease coming under his observation, and found in the literature of whom one hundred and six were males and twenty females, finds that of forty-four cases exactly recorded, twenty-eight began after forty, nine between thirty and forty, and only seven before thirty; of these seven, two were certainly and a third probably congenital. Out of seventy-two cases eighteen were persons having manual, and fifty-four of persons having non-manual, occupations. The two hands were attacked in nearly equal proportion, both hands being affected in thirty six out of seventy-two cases. The three ulnar fingers are the greatest sufferers. Heredity was noted in one-third the cases. Gout hereditary or personal, was noted in forty-two out of forty-eight cases. Taking everything into consideration, Dr. Keen is inclined to believe that traumatism is not as has been alleged a principal cause, but such cause is to be found in a constitutional vice, like rheumatism or gout which seems to produce a species of predisposition which produces the contraction.

THE ACTION OF EUCALYPTOL UPON THE SPLEEN.—The analogy between the action (St. Louis Clinical Record, January, 1882,) of eucalyptol and quinine has induced Mosler to test its efficacy in reducing the volume of the spleen. His anticipations were fully realized. In his experiments he made use of the extract of the leaves per ore and subcutaneously. He selected dogs as subjects, opened the abdominal cavity and took accurate measurements: During these experiments, the spleens were measured every hour. In four of the tests the results were proportionate to the amount of the drug employed. That is to say, the size of the organ decreased in all its dimensions, its substance became denser and firmer, the surface assumed a slate color and became more or less covered with granulations, some of them as large as lentils. This would seem to indicate that eucalyptol is likely to be of great value in the treatment of ague cake.

YELLOW FEVER.—At a special meeting of the Michigan State Board of Health, held at Ann Arbor, March 1, 1882, the following preamble and resolutions were adopted: Whereas, The prevention of the introduction of yellow fever into the United States is a subject of national importance: Resolved, That in the opinion of this Board it is proper for the Louisiana Board of Health to ask, and it is the duty of the National Board of Health to continue to give, aid in the prevention of the introduction of yellow fever into the Mississippi Valley. Resolved, That because of the duties of the National Board of Health in aiding the prevention of the introduction of the yellow fever, and in giving accurate information to all States interested in the sanitary condition of the Mississippi Valley: First An inspector of the National Board of Health should be placed at Eadsport, to act conjointly with the officer of the State Board of Health in securing the exclusion of infected vessels from the Mississippi river, and in notifying

such vessels that they must be thoroughly disinfected. Second. That a representative of the National Board of Health should be stationed at the Mississippi River Quarantine Station. Third. That it is the duty of all health authorities in Louisiana, and in the Gulf States, promptly to communicate to the National Board of Health any and all possible information relative to the occurrence of yellow fever, and in every possible way to aid the National Board of Health to perform its duties in giving accurate information for the guidance of State and other Boards of Health throughout the country. This action seems to be in many respects very timely.

CHANCER ON THE LOWER EYELID.—Mr Wherry (British Medical Journal, January 28, 1882) has recently reported the case of a shepherd, aged twenty-three, who had on the conjunctiva of the right lower eyelid, a little to the outer side of the center, an ulcer with an indurated base. There was a good deal of chemosis, but the eye was otherwise healthy. The lymphatic glands of the submaxillary region were large and hard. No history of the mode of infection could be obtained. Secondary symptoms presented themselves five weeks after the primary symptoms began. A similar case is reported in Berkeley Hill's treatise. It has been suggested, as a possible explanation, that a foreign body entering the sulcus between the lower lid and the sclerotic, is apt to remain.

LITHOTRITY.—The opinions expressed in the Review, July 20, 1881, by Dr. R. A. Vance, respecting the employment of lithotritry seem to be fully concurred in by Sir Henry Thompson, (Lancet, January 24, 1882,) who says that lithotritry completed at a single sitting is in proper hands a markedly safe operation. It appears to produce less vesical irritation than one performed in several sittings. It should, however, be employed by beginners only when the hard calculi are of moderate size.

LEUCOCYTHÆMIA AND HODGKIN'S DISEASE.—Dr. Graham, Toronto, Canada, (*Canadian Journal of Medical Sciences*) concludes about the relations of these two closely allied diseases. First: That the essential features of leucocythæmia are the lymphoid growths, and the leucocytes found in the blood derived from them. Second: That the existence of similar growths is the essential feature of Hodgkin's disease; but in it the leucocytes, for an unexplained reason, do not enter the circulation. Third: That in both diseases the presence of these deposits or growths interferes with the manufacture of the red corpuscles, anæmia resulting. Fourth: That these growths bear a strong resemblance to those of a malignant character, especially the sarcomata. Fifth: That pernicious anæmia may arise as a consequence of leucocythæmia, or Hodgkin's disease, in the same way that it sometimes results from pregnancy or any other condition which interferes with the proper elaboration of the blood.

SULPHATE OF QUININE IN DIPHTHERITIC CONJUNCTIVITIS.—Dr. John Tweedy (*Lancet* January 7, 1882) has had very good results from the local application of quinine sulphate to the conjunctiva in diphtheritic conjunctivitis. He uses a solution of four grains of sulphate of quinine to an ounce of water. The conjunctivæ are washed three times a day with this solution after cooling it with ice. He is inclined to believe that the quinine exerts not only a local but a constitutional effect.

BENZOATE OF CALCIUM IN ALBUMINURIA.—Dr. Shinn (*Philadelphia Medical Times*) claims that the use of calcium benzoate is attended by very good results in albuminuria of pregnancy or other forms of albuminuria from non toxic causes. He gives ten grains of the salt dissolved in a tablespoonful of water with sufficient orange syrup to flavor it. It seems rather difficult to ascertain the rationale of the action of his salt in such conditions.

A SANITARY Convention under the auspices of the Michigan State Board of Health, will be held at Greenville, Michigan, April 11 and 12, 1882.

ERUPTION FROM PODOPHYLLIN.—According to Dr. G. A. Winterburn (*Medical Tribune*, March, 1882,) the workers in the resinoid podophyllin are liable to an eruption of the scrotum. How far this is due to uncleanliness remains to be determined.

SMALL-POX.—According to Dr. Carpenter (*Boston Medical and Surgical Journal*, March 9, 1882,) the average mortality was four thousand four hundred and eighty-three per million prior to vaccination. After vaccination it fell to two thousand and forty; with public vaccination to four hundred, and under a compulsory vaccination system it has fallen to two hundred and seventy-six. It must be obvious, however, that there are many elements of error in such statistics.

AMERICAN ORIGIN OF SYPHILIS.—This old theory has been recently revived by Dr. Rollet (*Lyon Médical*, December 4, 1881,) who cites authorities to show that syphilis was a new disease in Europe on the arrival of Columbus from the West Indies. These facts are very simply explained by the circumstance that syphilis contracted between diverse races is very virulent. He also cites the fact that certain Peruvian skulls of high antiquity show evidences of hereditary syphilis. This simply shows that, assuming such evidences to be really the results of hereditary syphilis, syphilis existed in America long before Columbus. The therapeutical editor has seen skulls from Egyptian mummies which showed similar evidences, and skulls displaying like characteristics have been found in the Lake dwellings of Europe. So the skull argument must be of little value, for if it proves any thing it proves that syphilis existed in Europe and countries having commercial relations with Europe long before the appearance of Christopher Columbus.

HIGH PRESSURE EDUCATION.—Dr. Robert T. Edes (Boston Medical and Surgical Journal, March 9, 1882,) discusses this subject in a very extended article. He cites thirteen cases, all teachers, who have broken down from, he claims, overstudy to meet certain requirements. It must be obvious from an analysis of these cases that there are existent in them many of the causes which ordinarily produce the same results in a broken down nervous woman who has not been a teacher. Many of these cases would have been hysterical under any and all circumstances. The spirit of emulation rather than over study is what injured the others. The like cause produces the same or similar effects, whether the victim be a Wall Street broker, a school child, or a Boston teacher. It may be doubted whether the influence of study, not cram, is not chiefly beneficial.

INHALATIONS OF ETHER IN PNEUMONIA.—Dr. S. W. Francis, Newport, Rhode Island, (Medical Record, March 11, 1882,) claims that by the use of inhalations of sulphuric ether he has had very good results in acute pneumonia. He claims that "if seen early during the first stage, the inhalation of sulphuric ether for thirty minutes every six hours, would arrest many severe and protracted cases." Similar inhalations have been before proposed by Dr. Francis in bronchitis. That such inhalations might have some influence on pneumonia there can be no doubt, but Dr. Francis' claim is a little too positive.

ACUTE ATROPHY OF THE LIVER FROM RÖTHELN.—D. T. W. McDowall, County Asylum, Morpeth, England, (Journal of Mental Science, January, 1882,) reports a case of acute atrophy of the liver, apparently following upon rötheln in a melancholiac. The diagnosis seems to have been justified by the symptoms. Yet, as Drs. McDowall and Thierfelder say, "Upon the skin of patients suffering from acute atrophy of the liver there appear in rare cases

beside the icterus and the extravasations circumscribed hyperæmias like those of roseola or somewhat larger, which spread sometimes over the principal portions of the surface of the body, and at other times are confined to the trunk or to the extremities." This latter explanation of the case would seem much more probable as rötheln has not been hitherto charged with producing serious sequelæ.

BLACKBERRY EXTRACT IN DIARRHŒA.—Dr. B. F. Humphreys (Medical Brief) claims good results from the following mixture, which would seem to be a valuable one in diarrhœa and dysentery: $\mathcal{R}$. Extract Rubi fluid: 3iii; Syr. Rhœi Arom., $\mathfrak{z}$ i; Ex fl. Hamamelis, 3iii; Tinctura Opii, 3ii; M S., 3i, for an adult, every two, three, or four hours, if necessary. A child should be given five drops for every year of its age. The preparation seems to be pleasant and agreeable.

CONTAGIOUSNESS OF SCARLATINA.—This has been settled in such an affirmative and decided manner for so long a time that it is something surprising to find it questioned at this late date by Dr. J. Sargent, Worcester, Massachusetts, (Boston Medical and Surgical Journal, March 9, 1882.) He cites cases where patients have escaped contagion on being exposed, yet who, after a more or less lengthened period, did become attacked by the disease, although there was no known source of contagion. His cases certainly neither prove nor disprove contagion, and are so frequent that it is something astonishing to find them cited so prominently on account of their negative character. He wishes the profession to abandon the theory that individual susceptibility in disease varies, and to concede that the pathogenesis of scarlatina is a mystery. Such negative scepticism where it does not do harm is at least absurd, especially, in the case of a disease like scarlatina so well known and studied so extensively by physicians.

JOURNAL OF NERVOUS AND MENTAL DISEASE.—Owing to the great professional demand made upon Dr. Jewell's time, he has relinquished the active editorship of this Journal in favor of Dr. W. J. Morton, Dr. Jewell consenting to give advice and counsel as an assistant editor. The January number contains Dr. Hammond's paper on Reasoning Mania, in full, articles on the "Physiological Action of Hyoscyamine" by Dr. J. C. Shaw, "The Nervous System of Reptiles," by Dr. J. J. Mason, "Cases of Pachymeningitis," by Dr. C. L. Dana, "Lucilio Vanini a Psychological Study," by the Marchioness Clara Lanza, "The Case of Guiteau," by Dr. George M. Beard, "Sub-acute Cortical Cerebritis," by Dr. H. C. Wood, "Nerve Stretching," by Dr. W. J. Morton. The remainder of this very large number is devoted to Reviews, Society Transactions, Editorials and a very full Periscope. The editors of this Journal now are Dr. W. J. Morton, assisted by Drs. W. A. Hammond, E. C. Seguin, M. Clymer, J. S. Jewell, H. M. Bannister and I. Ott, beside a corps of collaborators. The subscription price remains at five dollars, or it and the Review will be sent to any address for five and a half.

SPINAL IRRITATION.—In the October, 1881, number of the Journal of Nervous and Mental Disease, Dr. J. S. Jewell, of Chicago, makes a valuable and timely contribution to this important subject. Spinal irritation, according to Dr. Jewell, constitutes two great groups of cases. First: Those dependent on over action. Second: Those cases dependent on over excitation. The first class of cases is chiefly muscular in character. The second class of cases arises from the irritations which play into the spinal cord from various organs. Rest is the chief indication in the first group of cases, while in the second the use of morphia or the watery extract of opium together with the treatment of the various visceral complications have been found of considerable advantage. Another point in

treatment consists in the use of electricity, especially the electrical wire brush, generally using it at the positive electrode, the negative pole being at one or both feet of the patient. In connection with the local use of electricity, beginning in a very mild manner he has employed it at each sitting in a more general manner, the descending spinal current from the nape of the neck downward to the feet. In some instances, in using the electrical metallic brush, he has reversed the poles, using a mild current, thoroughly pencilled by rather rapid movements of the brush, at first, and making the movements of the brush slower as the sitting advances, directing attention chiefly, though not exclusively, to the sensitive zones of the spine. These sittings have been not oftener than once a day, usually, when practicable, in the afternoon. Sometimes he has used the galvanic, at other times a fine induced current from the second coil of a good induction machine. Combined with the bodily and mental rest he has uniformly directed more or less thorough careful massage, according to the indications of the case.

VARIOLA IN A FÆTUS.—Dr. R. H. Day, Baton Rouge, Louisiana (Maryland Medical Journal, February 1, 1882), cites a case of a negro woman, aged thirty, who was attacked by confluent small-pox near the end of gestation. The birth of the child occurred ten or twelve days after the eruptive stage of the disease, within two weeks of full time. The child was born dead, but had lived till a short time previous to delivery, and was covered from head to foot with small-pox pustules near the stage of dessication. These cases are not exceptional, and are sufficient to show the absurdity of the statement that keeping the air from the surface of the body is a preventive of pustulation.

Dr. Lamson, the American physician charged, in London, with poisoning his nephew with aconitine, has been convicted.

LAY CONTROL OF HOSPITALS.—One of the results of this has been lately exhibited in Guy's Hospital, London. Ten grains of morphine were given by a nurse in lieu of ten grains of quinine. The drugs, quinine and morphine, were sent up in bulk, and left to the discretion of the ward sister, as the head nurse is there called, to dispense, who being, as her defenders claim, weak and over worked, failed to put the morphine in the poison closet, whence the mistake by the nurse. It only adds one more argument against this absurd system of giving nurses or the laity too much control over an hospital.

AUTOMATIC SPASMS IN EPILEPSY.—Dr. E. C. Spitzka (Medical Record, December 31, 1881,) cites the following case: The patient was lying on his back, with his head in almost tetanic extension; the eyes directed to the ceiling, and fixed, without deviation; the pupils in maximal dilatation, so that the iris was reduced to a mere fringe; and the muscles of the larynx in extreme tonic contraction, the cartilages standing out in bold relief, and immovably fixed. The respiration was stertorous, and about twenty-eight per minute. After being in this state ten minutes, his arms underwent a slow tonic contraction, the fingers spreading and the hands crossing; the patient began to tear at his larynx with such force that, if not prevented, there is no doubt that he would have succeeded in tearing its cartilages asunder, if not lacerating the throat altogether. These movements had every element of skilful co-ordination and of purpose, but the patient was absolutely unconscious, and his pupils remained in the same condition as in the first stage. Prevented from tearing his throat, the patient now moved his jaws, regularly opening and shutting them with a loud sound, and with the purpose of biting. He brought his fist up to his mouth, and would have bitten it if not prevented. His expression now became frightful; he looked like nothing so much as a wild

beast driven to the verge of savage ferocity. While three persons were controlling the rest of his body, his wife held his head, to prevent him from snapping at the hands of those holding his arms down, and the patient put out his tongue, like a tentacle, to feel where a portion of his wife's hand was available for biting. These movements were as well co-ordinated as those of an ant-eater when seeking insects with his tongue for the purpose of drawing them into his mouth, and the purpose, if it can be called such, was as manifest in this man's case. The automatic spasms of the character related are exceedingly rare. The only similar case is one recorded by Kiernan (Chicago Medical Review, April 5, 1881), where the laryngeal symptoms and other phenomena presented by an epileptic were such as to resemble hydrophobia. The laity undoubtedly would on first sight have considered this patient hydrophobic. His "biting spell" corresponded to the traditional and incorrect views held of that disease by popular lay and medical writers. The occurrence of spasms simulating the co-ordinated movements mediated by the oblongata and other lower brain-segments, seems to confirm Meynert's hypothesis, that the essential phenomenon of epilepsy is cerebral anæmia, with relative hyperæmia and functional excitation of the lower centres.

SUPRA-RENAL BODIES.—Dr. Mitsukuri, Yeddo, Japan, (Western Medical Reporter, March, 1882,) has arrived at the following conclusion respecting the development of the supra-renal bodies: First: The supra-renal bodies in mammalia are composed of two parts, the cortical and the medullary, totally different in their origin. Second: The cortical substance arises from the mesoblast. Third: The medullary substance is derived from the peripheral part of the sympathetic system, and is at first placed outside of the cortical substance, becoming transported into the middle of the supra-renal body in the course of the development.

PNEUMONIA.—The nosological position of pneumonia seems of late to have been the subject of much discussion. At one time pneumonia was regarded as one of the purest types of inflammatory disease, but now it is contended, especially by certain Germans and their imitators in the United States, that pneumonia, particularly of the acute croupous variety, is a contagious disease. That certain circumstances seem, at first sight, to favor this view cannot be denied, thus Dr. Daley (*Lancet*, November 12, 1881,) has cited six cases of pneumonia which appeared in rapid succession in one house. Dr. Daley seems to think that the cases were communicated by one patient to another, but as all these patients were exposed to the same causes, ordinarily sufficiently excitant of pneumonia, at about the same time, there is no more reason for assuming contagion than there would be in six cases of railroad spine all resulting from the same railroad collision.

DR. WATERS (*British Medical Journal*, November 14, 1881,) discusses one hundred and fifteen cases of pneumonia occurring in hospital practice. The pulse in these cases was usually dicrotic. The temperature seldom went beyond 105° F., and but once reached 106°. In one-half the cases convalescence began on the seventh day, or in the beginning of the second week. Ten per cent. became convalescent on the sixth day, and in one instance only was the disease prolonged six weeks. The apex of the lung was involved in five cases, and in these patients, particularly the women, the nervous symptoms were well marked. The treatment under which the mortality was five and one-tenth per cent. consisted in the use of mild counter irritation, alcoholic stimulants, ammoniac carbonate, spirits of chloroform and cascarilla. Quinine was found of value, when given in large doses, in the adynamic cases. It is obvious from the treatment that Dr. Waters does not look upon the disease as more than a local inflammatory affection of the lungs

ACTION OF EUCALYPTOL UPON THE NERVOUS SYSTEM.—The general effects of this agent upon the nervous system are obviously depressing. It reacts upon the spinal cord when given in small quantities, and its action extends to the brain when large doses are employed. Motor apathy and indisposition to mental efforts are the inseparable results of large doses in man. In animals, the effects are still more pronounced. Paralysis in motion supervenes, the vital functions grow weaker, and death ensues from sheer exhaustion. Gimbers (*St. Louis Clinical Record*, January, 1882,) affirms that the mere inhalation of eucalyptol vapor produced paralysis in certain of the lower animals. Grisar and Schultz have furnished striking proofs of its paralyzing effects upon the reflex centers of the nervous system by their experiments with brucine, which causes tetanic spasms of all the voluntary muscles, which terminate in death even when it is administered in comparatively small doses. But, if eucalyptol has previously been ejected, the brucine develops only slight manifestations, and the animals experimented upon recover their full motor power. Introduced in this way, the two drugs are antagonistic. Since eucalyptol is absorbed but slowly, it is probably not available as an antidote to brucine. It would seem likely, therefore, that eucalyptol might prove an agent of value in the treatment of acute mania.

APYRETIC HÆMOPTYSIS OF TUBERCULOSIS.—Dr. Jaccoud (*Deutsche Medicinal Zeitung*, February 23, 1882,) claims that in cases of apyretic hæmoptysis in tubercular subjects he has secured good results from the use of the following mixture: Ergotine one gramme; glycerine and distilled water each four grammes, and cherry laurel water two grammes. Of this, a quarter of a hypodermic syringe full should be injected twice, thrice or four times daily as may be found necessary by the requirements of the case. This treatment seems likely to be of benefit in such cases.

SCROTAL CANCER.—A new form of scrotal cancer has been observed among the workers in paraffin. It is similar in its general characteristics to the soot scrotal cancer of the chimney sweeps.

THEOLOGY IN MEDICINE.—Dr. S. V. Clevenger calls attention to the fact that Plempius, of Louvaine, who fought Descartes very arrogantly from the pulpit, finally alluded to Harvey's demonstration of the true motions of the heart and blood in a retraction: "The discovery did not please me at all at first, as I publicly testified both by word of mouth and in my writings; but by and by when I gave myself up with firmer purpose to refute and expose it, lo! I refute and expose myself. I examine the whole thing anew and with great care, and having at length made the dissections of a few live dogs, I find that all his statements are most true." Plempius set a good example to other theologians who dabble in medicine and the other sciences.

VARIATIONS OF THE CEREBRAL SINUSES—Mr. J. F. Knott (Boston Medical and Surgical Journal, March 9, 1882,) has studied the arrangement and the variations of the cerebral sinuses. He finds that the torcular Herophili usually inclines to one side. It was mesial only eight times in forty-four cases; it inclined to the right twenty-seven times, and to the left nine times. He states that the right lateral sinus is usually the larger, but he describes it as being only four times the direct continuation of the superior longitudinal. Possibly he means that these were the only cases in which the latter sinus turned wholly to that side without any communication with the other, but he seems to overlook the fact that though this sinus communicates at the torcular with both lateral ones, yet only one can, as a rule, be called its continuation. He found the superior longitudinal sinus precisely in the middle of nine calvaria out of thirty-eight. He found it bifurcating in two cases a little behind the coronal suture, the two

branches reuniting an inch and a half further back. The straight sinus: "which is formed by the confluence of the inferior longitudinal sinus with the vena magna Galeni, passes backward and downward to join the torcular Herophili, or (what oftener happens) it may turn a little to one side to pass into one of the lateral sinuses. 'It opens, for the most part, by an oval mouth, formed by strong pillars of fibres, into the left lateral sinus, rather than directly in the middle of the communication of the three great sinuses.' Such is the description of its termination given by Sir Charles Bell, and it is entirely in accordance with the general experience. In twenty-six cases out of forty-four it opened into the left lateral sinus, the terminal orifice answering exactly to the description above quoted. In six cases the deviation was to the right, while it ended medially in twelve instances.

PUERPERAL INFECTION IN THE MALE.—Dr. C. F. Gilliam (Detroit Lancet, March, 1882,) reports a somewhat impure case of puerperal infection in the male resulting from sexual intercourse with a woman suffering from puerperal fever. Erysipelas of the penis and scrotum followed by gangrene and sloughing resulted, and the man died six days subsequent to sexual intercourse. The case is very similar to that of Lapponi (Review, December 5, 1881,) but as the patient had had gonorrhœa some weeks previous to his illness there was a possibility of auto-infection from this, still the other origin is the most probable, although gonorrhœic septicæmia occurs.

OOPHORECTOMY has been made the basis of a suit for malpractice in Grand Rapids, Michigan. It is claimed that the operation was both uncalled-for and bunglingly done, as the patient died. Ordinary surgical and therapeutical errors are becoming somewhat hackneyed, and new additions to the literature of malpractice seem to be considered necessary by people who have litigant feelings toward physicians.

WOUNDS OF THE HEART.—A recent leading article in the *Lancet* shows the fallacy of many popular and even medical opinions respecting the absolute fatality of wounds of the heart. According to this article there is no case of absolutely instantaneous death from cardiac wounds. Wounds of the apex only kill within an hour after the wound has been inflicted. In one instance cited, a man lived twelve hours after the heart had been bisected by a saber. Out of twenty-nine cases cited in the article in question, only two died within forty-eight hours after receiving the wound. The others lived from four to twenty-eight days; death resulting in most cases from avoidable complications. Recovery may take place even when the wound is extensive, for a bullet has been found imbedded in the muscular walls six years after the receipt of the injury; the patient dying from a disease entirely disconnected with the cardiac wound.

AMAUROSIS IN YELLOW FEVER.—Dr. Juan Santos Fernandez (*Archives of Ophthalmology*, December, 1881,) reports three cases in which complete amaurosis resulted in the course of yellow fever; in one case an ophthalmoscopic examination was made, but as might have been expected, no abnormal condition was detected. He was also able to confirm the external changes reported to occur in the cornea and conjunctiva, but the existence of temporary amaurosis has not been previously reported.

VACCINIA.—Dr. G. Kalischer (*Deutsche Medicinische Wochenschrift*, September 17, 1881,) reports a case of generalized vaccinia occurring in an infant who had at the time eczema of the face. Within a week pustules exactly like that on the arm had developed on the face, becoming confluent. Similar pustules appeared on the flexor sides of both arms and legs, and a few on the penis, scrotum and pubes. These all ran the same course and left the characteristic cicatrices of the disease.

BROMIDE OF URANIUM IN TABES.—Dr. A. Vulpian (*Revue de Médecine*, February, 1882,) claims that in certain epileptiform phenomena occurring during locomotor ataxia he has found the bromide of uranium at times of service. He gives it in one sixty-sixth grain doses three or four times a day. In certain cases it is not borne well, but where it is it has a marked action on both the epileptiform phenomena and the pains of locomotor ataxia.

TRICHINOSIS.—Dr. Germain See (*Lancet*) makes four clinical types in this disease. The first is the gastro-intestinal form where choleraic symptoms are predominant. The second is the rheumatoid form, where the most marked symptoms are muscular pains. The third is the oedematous form where unilateral or bilateral swelling of the face is the most noticeable feature. The last form is the typhoid type which presents three distinctive symptoms, profuse sweating, facial oedema and a brief pyrexia. This latter is the most fatal type, death occurring in the second or third week, with delirium or stupor.

CALCIUM SULPHIDE AS A CAUSE OF SUPPURATION.—Dr. W. T. Alexander, New York, (*Archives of Dermatology*, January, 1882,) calls attention to certain effects of sulphide of calcium not hitherto observed nor noticed by any authority except that somewhat apocryphal one, Hahnemann, who claims that taken internally sulphide of calcium may cause the formation of vesicles, pustules and furuncles. Dr. Alexander has had three cases under observation in which calcium sulphide taken internally for acne produced furuncles and suppuration which markedly improved when the remedy was discontinued. Dr. Alexander very properly refers this suppuration to a special idiosyncrasy in the persons taking the drug and does not [see in it any evidence of the so-called homœopathic law that remedies which relieve given conditions are capable of producing them in healthy persons.

IDIOPATHIC PERICARDITIS.—Dr. W. G. Smith (*British Medical Journal*, January, 1882) has recently reported three cases of what he calls idiopathic pericarditis, that is, inflammation of the pericardium occurring independently of injury or other local cause, or of extension from the neighboring parts, and exhibiting no demonstrable relation to rheumatic fever, chorea, the exanthemata, renal disease, pyæmia, tuberculosis, or the puerperal state. He is of the opinion that the rarity of this affection has been over-estimated. This fact should especially be borne in mind, as it will tend to keep observers on the alert to detect a formidable disease which often begins in an exceedingly insidious manner.

ACTION OF ERGOT.—Dr. E. Evetzky (*New York Medical Journal*, March, 1882), of New York, discusses this subject. Although dealing mainly with the physiological and therapeutical actions of the drug, the author gives a comprehensive account of the history of the different varieties of ergot, their botanical relations, their microscopical structure, and their chemical composition; the methods of their production, collection, preservation, and preparation for medicinal use; the relations of ergot to other remedies, etc. In comparing the action of ergot with that of a number of other excito-motors of the organic muscular tissue, an arbitrary group of which, the author thinks, ergot may be taken as the typical representative, he remarks that strychnia is most closely allied to ergot in its effects, the main difference being that strychnia acts with far greater energy on the spinal motor centers of the voluntary muscular tissue. Digitalis is distinguished by its predominant stimulating action on the heart. The chief difference between the action of ergot and that of Calabar bean lies in the early occurrence of a paretic state of the voluntary motor apparatus after doses of the latter drug that are not quite toxic. Atropia and nitrite of amyl are mentioned as antagonists to ergot. For

hypodermic administration may be used the extract, the fluid extract, or sclerotic acid, diluted in water, with or without the addition of glycerine or alcohol, which latter substances, the author thinks, do not improve the solution in the least. The solution should always be clear and not too old, and should be made somewhat alkaline if the injections are particularly painful. The solution should invariably be injected into the muscular tissue, and it is well to begin with small doses. The therapeutical applications of ergot are considered under five heads: First: Disorders of the circulation and diseases of the organs of circulation. Second: Paretic conditions of the organs composed of organic muscular tissue, the circulatory system excepted. Third: Inflammatory and other morbid enlargements and growths. Fourth: Abnormal secretions. Fifth: Symptoms referable to the nervous system, and depending chiefly upon circulatory disorders within it. In regard to contra-indications to the use of ergot, it should be used with extreme caution in patients with an enfeebled heart. Pregnancy is not an absolute contra-indication. The use of the drug should be suspended during menstruation, unless it is given for some special condition of that function. To avoid disturbing the digestion it is best to give the drug by the rectum or hypodermically.

SPASM FROM USE OF SEWING MACHINES.—Dr. Bouveret (*Lyon Médicale*, November 15, 1881,) reports a case in which constant exercise of the foot upon the treadle of the sewing machine had produced an obstinate spasm of the peroneus longus and gastrocnemius. The affection is in many respects allied to scrivener's cramp, and its comparative infrequency is in some respects astonishing as a very potent exciting cause is to be found in the present extended use of sewing machines.

VIRGINIA is the first state to appoint a colored insane asylum physician.

NERVE STRETCHING IN TABES.—Dr. Tiesch, Leipzig (Boston Medical and Surgical Journal, March 2, 1882,) has performed nerve stretching four times successively in tabes without apparent result. It may be seen that the indications pro and con this operation have not been as yet clearly determined.

THE GLOSSOGRAPH.—Herr A. Gentilli, of Vienna, (Iron) has invented an instrument, named, by him, the glossograph, consisting of an ingenious combination of delicate levers and blades which, placed upon the tongue and lips and under the nostrils of the speaker, are vibrated by the movements of the former and the breath flowing from the latter. The vibration is transmitted to pencils, which transcribe the several signs produced by the action of tongue and lips and the breath from the nostrils upon a strip of paper moved by a mechanical arrangement. Similar to shorthand, a special system of writing, which may fitly be termed glossography, is produced, based upon the principle of syllable construction and combination of consonants. It seems likely to be of some value in physiological experiments.

JOURNAL OF NEUROLOGY AND PSYCHIATRY.—This is a new addition to the neurological quarterlies. It is under the editorial care of Dr. T. A. McBride, of New York, assisted by Drs. L. C. Gray of Brooklyn, and E. C. Spitzka, of New York. Among the articles of special interest in the present number are "Intermittent Spinal Paralysis of Malarial Origin," by Dr. V. P. Gibney, of New York; "Recovery from Poliomyelitis Anterior involving Muscles of the Trunk and Four Extremities," by Dr. L. C. Gray, of Brooklyn; "Epileptiform States of a Peculiar Character Associated with Imperative Conceptions," by Dr. E. C. Spitzka, New York; "The Diagnostic Significance of a Dilated and Mobile Pupil," by Dr. L. C. Gray, of Brooklyn; "Anomalies of Brachial Plexus," by Dr.

A. H. P. Leuf, Brooklyn, and "Anomalous Epileptoid States," by L. C. Gray, Brooklyn. Then follow Editorial Notes and Comments, then an extensive review department. The Neurological and Medico-Legal Societies are then very fully reported. Then is given a quarterly report on the progress of neurology in its various departments, particular attention being devoted to the American contributions to neurology and psychiatry. The Journal contains as a supplement, separately paged, the "Somatic Etiology of Insanity," by Dr. E. C. Spitzka, being the W. S. Tuke prize essay. This will be continued until completed, and will constitute a volume which can be removed and separately bound. As will be seen, the Journal is well conducted. Subscription price, five dollars per annum, or it and the Review will be sent to one address for five dollars and a half.

ACUTE PLASTIC BRONCHITIS.—A case of this rare disease was reported at a late meeting of the St. Louis Medico-Chirurgical Society (St. Louis Courier of Medicine, Dr. Glasgow claimed that acute cases are always fatal. Dr. Engelmann claimed that the acute plastic bronchitis was not a disease but a symptom. Neither Dr. Engelmann nor Dr. Glasgow appeared to be acquainted with the two cases of recovery from this disease reported by Dr. Kiernan (Gaillard's Medical Journal, May, 1880.) One of the cases was especially interesting from the fact that a brother of the patient died some years before from the same disease.

NEW DEODORANT.—The American Medical Weekly says that the German preparation called oleoze, so great a favorite in disguising unpleasant remedies and making most compounds pleasant to smell and taste has the following composition: One part each of the oils of lavender, cloves, cinnamon, thyme, citron, mace and orange flowers, three parts balsam of Peru, and two hundred and forty parts of spirits. This seems to be a pleasant preparation.

THE Detroit Clinic "drops into poetry" to the extent of one-half the space of its March 15 issue.

A BILL has been introduced into the Ohio legislature to secure the sanitary inspection of public schools.

SMALL-POX is decimating the population of St. Domingo. The natives have always been hostile to vaccination.

DR. Joseph Pancoast, the well-known Professor of Anatomy in Jefferson Medical College, died March 7, 1882.

ONE HUNDRED thousand dollars have been subscribed to establish an Institute of Hydropathy in New York City.

DR. ROBERT BRIDGES, Emeritus Professor of Chemistry, Philadelphia College of Pharmacy, died February 20, 1882.

THE COUNTY HOSPITAL at Denver, Colorado, at one time under the charge of the homœopathists, has been again placed under the charge of the regular school.

DR. REUBEN A. VANCE has been elected Professor of Operative Surgery and Clinical Surgery in the Medical Department of Wooster University, Cleveland, Ohio.

INFANTILE CYSTITIS.—A combination of iodide of iron, ergot and belladonna is claimed to act better than either of these drugs singly, in the cystitis of children.

DR. JOHN P. GRAY, Superintendent of the Utica Asylum, was shot in the cheek, March 16, 1882, by a lunatic, the latter being under the delusion that he was divinely commissioned to avenge Guiteau. The wound is painful but not serious.

IODOFORM PNEUMONIA.—Dr. Aschenbrand (Deutsche Medicinische Wochenschrift, February 18, 1882,) claims that iodoform may by its irritant action on the bronchial mucous membrane produce pneumonia. He cites three instances where pneumonia of an extensive and fatal type was produced in cats by iodoform applied as dressing to the wounds in the neck, and one case where inhalations of iodoform produced the same result.

LOCAL.

CHICAGO ELECTRICAL SOCIETY.

This Society, at its March 13 meeting, elected Dr. Roswell Park President, Charles H. Wilson First Vice-President, B. E. Sunny Second Vice-President, E. P. Warner Treasurer, and F. D. Willis Secretary.

STATE MICROSCOPICAL SOCIETY

met Friday evening, March 10, 1882. A paper was read for Dr. H. D. Schmidt, of New Orleans, on "The Bacillus Leprae, a study of three cases with a critical review of the literature on the subject." The paper was accompanied with a large number of slides. A committee consisting of Drs. Lester Curtis, J. Nevins Hyde and Christian Fenger reported at the meeting, the result of a study of the slides. Prof. S. A. Forbes, of the State Laboratory of Natural History, read a paper on "The Epidermal Sense-Organs of the Blind Fish."

CHICAGO MEDICAL SOCIETY.

At the March 20 meeting of this society, Dr. J. G. Kiernan read a paper on "Simulation of Insanity by the Insane." After analysis of the cases reported by Drs. Ray, Nichols, Workman, Hughes, Gray, Spitzka and three coming under his own observations, he also cited the fact that, "the Section on Mental Diseases of the International Medical Congress of 1876 unanimously adopted the following conclusion: It is not only not impossible for the insane to simulate insanity for any purpose in any but its gravest forms of profound general mental involvement, but they actually do simulate acts and forms of insanity for which there exists no pathological warrant that we can discover in the real disease afflicting them," and concluded that the insane can and do feign insanity; that in such there is a strong hereditary taint; that their insanity belongs to the grade known as the primäre verrücktheit of the Germans, the manie raisonnée of the French, the imbecility of the first grade of Ray and

Nichols, the monomania of Spitzka, and the chronic intellectual mania, or chronic mania without incoherence, of asylum reports, and that the insane may feign insanity when accused of crime, and a new complication thereby enters into the question of diagnosis. That it might be of interest to note that the theory, that Hamlet was an insane man feigning insanity, would better explain the psychological problem presented in the tragedy bearing his name than any other theory yet suggested. The paper was discussed by Drs. E. Ingalls, Paoli, Clevenger, Gilmore and Valin. Drs. N. S. Davis, L. H. Montgomery and A. Reeves Jackson were appointed a committee to present to the family of the late Dr. Fisher suitable resolutions of respect to the memory of that gentleman.

At the March 6 meeting, Dr. C. Fenger read a paper on "Supra-Malleolar Osteotomy." Three cases were cited where the bones above the ankle had been operated upon, the result being useful limbs and almost perfect gait. One of the cases thus operated upon was presented to the society. His outer and inner malleoli had been divided by chiseling a wedge shaped piece from the tibia and fibula. He could walk perfectly and ascend a staircase without hesitation. The resultant deformity was but slight. Dr. W. P. Verity exhibited an ingenious device by which the limb of a patient upon whom he had operated, was immovably and perfectly held.

COOK COUNTY HOSPITAL.

The first semi-annual examination of students of the various medical colleges of the city for admission to the County Hospital as internes was held February 28, by the Medical Board. The competition was far greater than had been anticipated, and the examinations were thorough, so thorough that it was ten o'clock at night before the work was through. It was proposed to examine each student separately, but this was found not to work, and subsequently it was agreed that the entire class, twenty-three in number, thirteen from the Rush Medical

College, six from Chicago Medical College, three from the Woman's Medical College and one from Harvard University, should be examined as a whole. The plan adopted was that five questions on surgery, chemistry, and physiology, materia medica, anatomy, obstetrics, pathology, therapeutics, and theory and practice should be written on a blackboard, the competitors to be given ten minutes to answer each set, and Drs. Baxter, Curtis, Hollister, Parks, Isham, Fenger and McWilliams were selected to prepare them, and those who averaged best in their answers were to be chosen. The examination resulted as follows: C. E. Currie, F. S. Johnson, E. R. Bennett and W. E. Morgan took the first honors, and will enter upon their labors April 1. E. P. Davis, E. Wing, M. L. Harris and Ira E. Marshall took the second honors, and will be assigned October 1. The third honors were given to R. O. Beard, W. G. Clarke, C. R. Carpenter and Edward Mannierre, as alternates, who will be assigned as vacancies occur. It is but justice to the three lady competitors to state that they were absent from the examination in the evening on account of the commencement exercises of their college. It cannot be said, therefore, that they were really examined.

PRIORITY OF INVENTION OF THE DUCKBILL SPECULUM.—Dr. M. Funk (Medical News, March 11, 1882,) appears to think that Dr. J. Marion Sims took his idea of the duckbill speculum from Metzler in Prague, who used such an instrument in 1846. The insinuation is only an evidence of an enormous excess of nativism which appears to be seriously affecting Dr. Funk.

ILLNESS IN NEW YORK.—The increase of patients in three public hospitals of New York City has amounted to eight hundred and twenty-eight during the month of February 1882.

THE Kentucky State Medical Society will meet on the first Wednesday in April, in the city of Louisville.

ORIGINAL CONTRIBUTIONS.

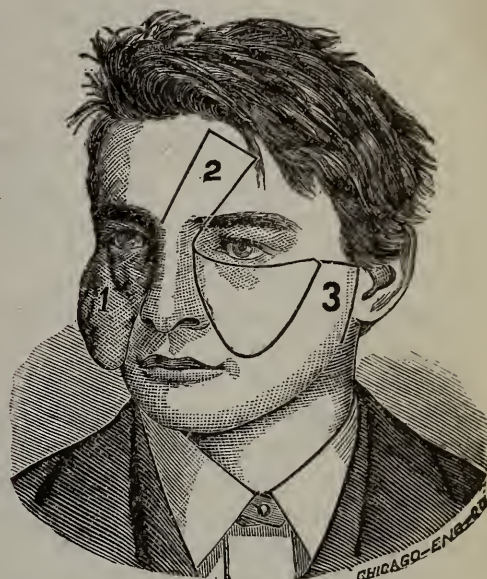
*VENOUS ANGIOMA OF THE FACE.**Report of a Case.*

BY DR. CHRISTIAN FENGER, CHICAGO.

Charles Burns, aged twenty-five, laborer entered Cook County Hospital September 3, 1879, and was placed under Dr. Fenger's care. The patient stated he knew of no hereditary disease in his family. He had never heard that any of his relations had had a tumor of any kind. He has always had good health, and has never contracted venereal disease. On admission the patient was found to be fairly nourished, appetite good, bowels regular, and so on. On examination a large, lobulated, irregularly ovate tumor was found on the right cheek, as shown in the figure (1), extending from the inner canthus of the right eye, downward and inward to within half an inch of the angle of the mouth; then upward and outward to a point midway between the outer canthus of the eye and the tragus of the ear, and from this point to the inner angle of the eye, involving the greater part of the lower eyelid. The tumor was very prominent, of a bluish purple color, non-pulsating, but receding on firm pressure. To the touch it was doughy and inelastic. On removal of pressure it slowly enlarged to its former size and shape. It could not be seen or felt on the inner side of the cheek, in the oral cavity, but there was a small purplish spot on the inner side of the lower eyelid. There was also a small tumor, about the size of a pea and of the same general character as that mentioned above, on the upper lip, to the right of the median line. The patient stated that the tumor was congenital; that it had always covered as large a portion of the face as at present, but that it was not as prominent years ago as it was now. It had never caused him any inconvenience, except when he exerted himself, when it would become more prominent and of a more livid hue, but would soon return to its original size and color.

September 12. The patient having been anæsthetized, Dr. Fenger proceeded to remove the tumor, making the incision in the healthy skin, near its margin. When he came to the eyelid, it was found that some skin here, and also the orbicularis palpebrarum, could be saved. Numerous bleeding vessels were met with, taken up, and ligated with catgut. The necessary

plastic operation for covering the large denuded surface was now performed, in the following manner: A flap of skin from the forehead (2), two inches and a half long and an inch and a half broad, was dissected loose down the root of the nose, the pedicle at this point being three-quarters of an inch broad. This flap was turned down and made to cover the upper and inner angle of the wound. The remainder of the denuded surface was covered by a flap taken from the region anterior to the ear (3), having a broad pedicle at its base.



In the course of the operation ten vessels were ligated with catgut. The flaps were now united with plastic pins, and aseptic sutures, and antiseptic dressings, covering both eyes, applied. All of the flaps united by first intention. The loss of substance of the skin of the forehead and the region anterior to the ear healed up in seven or eight weeks, being aided by skin-grafting. A prominent tumor-like thickening at the right side of the root of the nose, where the frontal flap had been bent down, necessitated a slight plastic operation for æsthetic purposes, which was performed two months later by Dr. Gunn.

Microscopical examination of the tumor showed that it was covered with the normal elements of the skin, containing hairs, sebaceous and sudorific glands, between which numerous enlarged veins were to be seen, increasing in size from the papillary layer downward. In the location of the subcutaneous tissue were found irregular cavities, varying in size, filled with red

blood corpuscles. The walls of these cavities consisted of a thick layer of fibrillated connective tissue, covered by a single layer of pavement epithelium, the cells of which were very distinct and somewhat smaller than the pavement epithelial cells of the cells of the skin and mucous membranes, and each of which contained a large, well-defined nucleus. The peculiar feature of the epithelium on the walls of the vascular spaces of the tumor was that its cells had rather the solid appearance of epithelial cells, than the finer and more gracile appearance of the endothelial cells. Their outlines and all their constituents were easily visible without any preparation with nitrate of silver or any other chemical or coloring agents. In the deeper parts of the tumor these irregular vascular spaces became larger, and the walls between them correspondingly thinner, but in all cases were covered with the layer of epithelial cells already mentioned.

COLOR-BLINDNESS FROM A CEREBRAL LESION.

BY N. E. BRILL, M. D., NEW YORK CITY.

The following case presents some points of interest: Edward T. aged sixty-three, native of Ireland. I first saw the patient with Dr. C. E. Billington, who had treated him from the beginning of his illness, and who, on this day, October 24, 1881, turned him over to me. The patient was taken ill in the previous month, the advent of the attack being sudden and accompanied by loss of power and sensation. From the account which I first obtained from him and his sister, the commencement of the attack was marked by sudden paralysis and loss of consciousness, the patient falling in the street, which view, some bruises on his hand and leg would tend to confirm. On closer inquiry I elicited the fact that he felt ill in the morning on going to work, and that he lost the power of co-ordinating his muscles since he said "he staggered and reeled about as if he were drunk." He therefore ceased work and managed to reach his home, but how, he knows not, for his consciousness became lost from the time he left his place of employment. His mind remained a blank for the subsequent couple of days.

When I first saw him he had right hemiplegia. Facial paralysis on the same side was well marked. The right corner of his mouth was much lower than the left; the tongue deviated to the left.

The anæsthesia was much more pronounced than the loss of motive power, for he could move his right upper and lower extremities quite well; but the loss of sensation was not absolute, he distinguishing the points of the æsthesiometer at a distance of two and a half inches on right as compared with one-half inch on left side.

I had not a dynamometer with me to measure the muscular strength of his hands, but there seemed to be no difference in the force of the grasp which he gave to my hand seized alternately by each hand.

The temperature of either side of the body as taken in the axillæ was the same. He suffered from incontinence of urine which annoyed him exceedingly. The urine had a specific gravity of 1017, was pale in color, alkaline in reaction, and contained pus and triple phosphates. The presence of the pus was due to a slight cystitis. The urine itself contained no albumen, nor did a microscopical examination reveal any casts or other evidences of renal disease.

His bowels were constipated. His arteries at the wrist were hard, his temporal arteries serpentine, thus giving evidences of atheromatous degeneration in them. The tendon-reflex was more marked on the right as compared with the left side.

These conditions remained thus for some weeks, when symptoms of irritation from the cerebral lesion made their appearance. Hyperæsthesia of the thigh which was formerly anæsthetic was now noted. Tremor in the paralysed side became apparent. Headache, restlessness and insomnia gave not infrequent occasion for more or less complaint. Tinnitus aurium and dazzling before the eyes were at times present. His thoughts became dulled and his mind not at all clear. His sight which was, previous to the attack, very good, was interfered with; and "everything," he said, "now appeared dull and hazy." He had diplopia. On the day that I first noticed the above symptoms of cerebral irritation and remarked the defect in his vision, I accidentally asked him to name the color of a scarf which I wore, which was dark blue and covered with small yellow spots. This tie he took to be red in color. It was at first difficult to have him answer to the names of the various colors on account of the presence of a slight amnesic aphasia. This aphasia was most marked in regard to names of colors, not in regard to contours, for he would compare colors to the tints of common objects like harness.

I saw the patient last on February 23, 1882, and on that occasion took my friend, Dr. Spitzka, with me to give me his opinion in regard to the case. We now examined him more minutely in regard to his color-blindness, using the colors of the spectrum as a test, and discovered that he failed entirely to recognize the green. Before his attack he could always distinguish this color, and as he worked for over thirty years on the "Harlem River Railroad," he was frequently compelled to put his perception of the colors of red and green to the test, and was never found to be deficient in their recognition. But now he was doubtful as to whether violet was greenish or bluish. He said green was red or rather pinkish. Red or yellow he was not at any time mistaken about.

Retraction of the paralysed muscles had now set in, together with a constant tremor of the hemiplegic extremities. In the thumb of the left hand was noticed an athetoid tremor synchronous with that of the paralysed arm.

The facial paralysis, now better marked than at first, is accompanied by a constant dribbling of saliva from the paretic corner of his mouth.

He is now also exceedingly emotional and is slow in answering questions which are asked of him, and to which he replies with much effort.

It seems to me there can be little doubt that a somewhat extensive lesion had resulted from nutritive disturbances, and involved the fibres corresponding to the posterior half of the middle third, and the posterior third of the internal capsule, in their infra-cortical expansion. The amnesia with regard to the names of colors is an interesting point, particularly when viewed in the light of Exner's researches, which seem to establish that a part of the speech field approaches very closely the visual area of the cortex.

As Dr. Bannister* in his excellent paper on color-blindness, whose views as to the psychical element entering into the question of color perception are supported by this case, states that he knows of no case where organic lesion produced color-blindness, I am induced to offer this brief account as a contribution to the subject. I may add, however, that color-blindness has been observed in sufferers from general paralysis of the insane.

* Journal of Nervous and Mental Disease, January 1881.

CORRESPONDENCE.

ASYLUM CONFLAGRATIONS—CATS AS SANITARY INSPECTORS—CUR- IOUS MALINGERING—MED- ICO-LEGAL SOCIETY.

NEW YORK, March 25, 1882.

The occurrence of the disastrous fire at the Flatbush Asylum, an institution under the supervision of Dr. J. C. Shaw, culminated in the death of three patients by fire. The public are furnished with the consolation that one of the patients, whose remains were found in a cell, would have lived at most a day or two longer, as his death was hourly expected. If this was so, it seems a little startling that such a patient was left to die in a cell. It is ordinarily held that moribund lunatics should be permitted to breathe their last in the hospital ward of an asylum, if they be not transferred there much earlier! An interesting point in connection with the coroner's inquest, which followed the disaster, was the admitting of the testimony of an insane patient, who gave so clear and consecutive an account of the conflagration and its probable causes, that it was doubtless his testimony coupled with the inherently contradictory testimony of the asylum officials, which induced the jury to find that the fire was the outcome of lax discipline, matches being left within the reach of patients, one of whom probably was the incendiary. Asylum fires are becoming altogether too frequent in the United States of late years.

CATS AS SANITARY INSPECTORS.

An experiment tried recently by a woman in Hoboken to detect the presence of sewer-gas in her rooms has been the subject of discussion at the Board of Health. The woman had noticed an offensive odor in her parlor, and she went to the agent of the house to request that a plumber be sent to examine the drainage pipes. The agent told her the plumbing in the house was perfect. Acting on the suggestion of a friend, she went out for some oil of peppermint, and poured it into a stationary washbasin on the third floor. From the basin the oil passed down through a waste pipe behind a closet off the parlor. Very soon the odor of peppermint pervaded the parlor. The woman then told the agent she was convinced that there was a break in the waste pipe on the first floor of the house, at the same time telling him of her experiment with oil of peppermint. The

agent refused to send a plumber, declaring that the odor of peppermint was so penetrating that it would soon fill a building. The woman then purchased some oil of valerian and poured it into the washbasin upstairs. She then borrowed from her neighbors two able bodied cats, and placed them in the parlor. The cats snuffed the air in the room as if it were agreeable to them, and they both went toward the door of the closet. When the closet door was opened for them they went in immediately and sprang upon a shelf, where they remained, purring and manifesting unmistakable delight. The woman then went to the agent's office and related what she had done. Although incredulous still, the agent sent a plumber with directions to tear away the lath and plaster in the closet at the point where the cats had rested in their hunt for the valerian. The plumber found behind the shelf, the waste pipe completely disjointed. The break in the pipe was large enough to allow an unwholesome amount of sewer gas to escape into the house. Some of the sanitary inspectors said that cats might be used in a similar manner in this city to more advantage than in Hoboken. By employing their household pets as pointers, it was said, residents of the city might save themselves from illness, from poisonous gases, and also save the cost of employing sanitary engineers to examine the drainage in them.

CURIOUS MALINGERING.

A surgeon of the Out-Door Department of Bellevue Hospital was asked if it were true that he had cut off the fingers of a professional beggar. "It is true," said the surgeon. "A stout, round-faced man, about twenty-five years old, came here to get a finger amputated. The finger was black with mortification, and had the mark of a string on it close up to the knuckle. Not long afterward he came again to get another finger cut off that had been made to mortify in the same way. He came again and again, until all his fingers on both hands were amputated, except a thumb and forefinger, which he reserved to hold up his cap with." "Did you get any evidence that the man inflicted the injuries on himself other than the marks of the strings?" "A boy accompanied him once or twice who said he had seen him tie strings around his fingers." "What has become of him?" "I have seen him several times begging in the street. He

goes around with another man, who wheels about a hand-organ. His part is to hold up his stubs to excite pity, and to screw up his face to give it the appearance of being pinched by poverty."

MEDICO-LEGAL SOCIETY.

With the inauguration of Mr. Clark Bell as president of the New York Medico-Legal Society, that body seems to have shaken off the shackles which have thus far fettered its usefulness. It is to be hoped that the upward movement in its prospects will prove more than a temporary one, and that the various elements interested in maintaining an obstructive policy may have no future pretext for banding together to the society's detriment. Certainly the chief field for improvement lies in the manner in which papers are solicited and secured, and discussions conducted by the chair. It is within the reporter's personal knowledge that the reading of a paper already announced and for which a meeting had been assigned, was delayed a full month at the request of very questionable elements, not in the society. Later, another paper was offered on a subject hitherto not dealt with by the society, and received with such questionable grace by the executive, that its reading was not pressed by the author, but at the same time there was such a dearth of contributions, or perhaps such an unfortunate selection made by the chair from among those offered that the attendance at the meetings gradually dwindled from the hundreds who had listened to the papers on the Gosling case and asylum abuses, to a corporal's guard, wearied by endless repetitions on the vaccination question, medical education and "alcoholic trance." Such papers as that on reasoning mania, and such discussions as the one which followed its reading, dealing with live issues and offering at least a modicum of novelty and instruction, are certain to increase the interest of both professions in the society far more than the semi-political agitation which once appeared to be regarded as the proper one. It also seems that the management of the Medico-Legal society still attaches a greater importance to nominal indorsements than the benefit these are likely to confer can warrant. A living dog is always better than a dead lion, and where the lion is not more than skin deep, it is difficult to see why so much gratuitous advertisement should be given to the carcass concealed beneath. The announcements in the daily

papers, heralding the appearance as a speaker of an "expert for the prosecution" in the Guiteau case, who did not venture to appear at the meeting, was in questionable taste and seems little less than self-condemnatory in view of the hypothetical picture of that expert, drawn by one of the speakers, which was recognized by every one in the audience. It is to be hoped that just as the present executive has made a new departure in the securing of interesting and instructive papers, it may find itself prevailed upon to regulate the discussions with a closer regard to their pertinency and intrinsic value, than has been followed in the recent history of the society. One cannot look upon the attempted enforcement of the "five minute rule" in the discussion of the paper on Guiteau as called for. That it would be clearly impossible to discuss a paper of this importance, on the same evening with another paper, whose reader had for months been engaged in soliciting speakers, should have been evident, and was eventually shown to be the case.

As to the discussion of the paper on anæsthetics at the adjourned meeting, there is little to be said; it was a relic of the past administration, and just as the paper on anæsthetics contained nothing new, so the discussion moved in the old circle, and in several cases, speakers who had discussed the paper of Dr. Rodgers read a decade ago repeated their antiquated remarks almost verbatim. In view of the platitudes, announced by some of the medical speakers, and the district court argumentation indulged in by a few of the members of the bar the well-timed remarks of Dr. L. H. Sayre and Messrs. Hull and Calvin, fell on the audience like a refreshing dew; but on the whole, one such meeting does the society more harm than the most industrious "dining out propaganda" can repair.

Another source of danger is to be apprehended in the excessive energy documenting itself in the appointments of numerous and many headed committees. Of the five committees appointed by the presiding officer only two have organized and but one has made any report; much time is lost in the early part of the meetings by the routine calling for reports of individual committees which have either no report to make, or have not organized and do not intend to organize, or worse still are gifted with a voluble chairman who consumes ten minutes in declaring why the committee

has no report to make, and five more with promises and expectation, never destined to fulfilment, the aggregate being entitled a report of progress; progress may result as a consequence of repeated reports of this kind, but it is certain to be progress only in a crustacean sense.

That this condemnation of the unfortunate policy which has so long been an incubus on the society, is not couched in too strong language is vouched for by the fact that an editorial in the New York Medical Journal takes similar ground, as well as by the testimony of the most earnest members of the society. That the best interests of the New York Medico-Legal Society have suffered in the past through an undue yielding to personal claims has been painfully evident to its numerous friends, and it is here intended to contribute to the exposure of a fallacious policy, and the support of any administration which promises to correct the worst abuses. J.

NEW YORK, March 11, 1881.

Editor of the Chicago Medical Review,

SIR:—Permit me to make a few comments on your editorials in the Review of March 1, on the subject of the Code of Ethics recently adopted by the Medical Society of the State of New York. In these editorials you have fallen into a few errors through misapprehension, I presume, of the exact facts.

You state, first, that "this code was adopted through the endeavors of a committee of specialists." As a matter of fact, the committee consisted of five gentlemen, two of whom were specialists, and three general practitioners. Three members of the committee were ex-presidents of the Society, and the other two were permanent members.

You state, second, that "certain of the members wanted, rather unpractically, to exclude all irregular practitioners from even practising medicine." This is a misapprehension based, I presume, on the statement contained in your New York correspondence that "Dr. Moore, of Rochester, wanted to put the authority to license in the hands of the State Society, and wanted to exclude the holders of diplomas from irregular schools." This is incorrect. Dr. Moore's proposition was, that a State Board of examiners be founded, said board to consist of one member selected by each of the regular colleges (eight in number) and one member selected by the Society. This

board to confine itself to the examination and licensing of graduates of regular Medical Colleges. The irregular Colleges and their graduates to go on as heretofore.

In reply, the writer of this said that the effect of Dr. Moore's proposition would be to deprive the regular Colleges of their present right to license, while this right would be still retained by the irregular Colleges, a state of affairs that he did not consider desirable.

Your New York correspondent has been led into another error in stating that: "The Committee on Legislation introduced two amendments to the existing medical practice law," etc. This is incorrect. The amendments in question were introduced by the representatives of one of the County Societies, and referred to the Committee on Legislation (of which the writer was a member). The Committee reported the proposed amendments adversely, for reasons that need not here be entered into. This you will perceive is quite different from the relation of your correspondent.

Having cleared up facts a little, permit me to discuss some of the questions that may arise in consequence of the action of the New York State Society, and especially the relations of this body to the American Medical Association, and the differences between the code of ethics of the former and that of the latter.

The American Medical Association assumes the right, and as it is responsible to no one, has the right, to judge of the qualifications of its members. It declares that only such societies as adopt the code shall be entitled to representation. In other words, if a society adopt a code of ethics other than that of the American Medical Association that shall in any manner conflict with the American code, by that act the Society forfeits its right to representation, and a vote of the Association disfranchising such society is perfectly justifiable and proper under the constitution and by-laws of the American Medical Association. Two years ago the Massachusetts Medical Society adopted a code that differs very materially from the American Code, and contains provisions that, in my judgment, are clearly in conflict with it. This, however, does not at present concern us. The action of the New York Society is identical inasmuch as the provisions of its code are antagonistic in some respects to those of the American code. As a member of the committee that drafted the New York

code, I claim to be familiar with its contents and intents, and with the differences that exist between it and the American code. These differences I will now point out. First: The New York code omits all reference to the moral and legal obligations of physicians, believing that these matters are provided for in other ways, and that they should have no place in a code of ethics. It acts on the presumption that physicians are moral men and law-abiding citizens. In this point it conflicts with the American code. Second: The new code forbids newspaper advertising through the medium of reporters and interviewers. In this also it conflicts with the American code, which in its closing sections would appear to sanction such practices. Third: It forbids the giving of certificates in favor of patent, secret and copyrighted medicines, etc. There is no provision in the American code covering these points. Fourth: It forbids physicians bringing their personal and professional differences before the public through the medium of the lay prints in a manner likely to scandalize the profession. This provision is not contained in the American code, but is not a new one inasmuch as it has been in force in this State since 1823, and has several times proved efficient in checking in their incipency what might otherwise have proved very disagreeable scandals. Fifth: It permits consultations with homœopathists and electics, they being in this State legally qualified practitioners. This is deemed by many, perhaps by most, to be in conflict with the American code. A careful examination of the matter, however, shows that such is not altogether the case, so far, at least, as New York State is concerned. The American code forbids consultation with one "whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry."

Now, three or four years ago, the New York homœopathists, by express declaration of their State Society, repudiated adherence to any exclusive dogma, and denied that their practice was so based, and denied that they rejected the teachings of experience, etc.; and, as a matter of fact, the homœopathists with whom I am personally acquainted are not adherents of the exclusive dogma of Hahnemann, that all diseases should be treated in accordance with the doctrine of similars. I fail to see, therefore,

what there is in the American code that forbids consultation with them. In fact, when, a few years ago, this point was brought before the Medical Society of the County of New York, its officers examined the whole question with great care, and reported to the Society that the majority of the homœopathists of this State could be met in consultation without infringing the American code.

Thus the matter rested until the Committee of the State Society were brought face to face with the same question. It was clear to the committee that consultations between regulars and homœopaths were by no means rare, and it was further clear that prosecution under the American code would fail in convicting supposed offenders, and that to effectually prevent such consultations it would be necessary to insert in the code a clause sufficiently clear and binding to cover the case. Was it desirable to insert such a clause? The committee by unanimous vote, thought not; and the State Society, by a vote of fifty-two (52) to eighteen (18), agreed with them.

Sixth: The New York code further states that: "Emergencies may occur in which all restrictions" (as to consultation) "should, in the judgment of the practitioner, yield to the demands of humanity. These, sir, are the essential differences between the American and the New York codes, and I have stated them categorically and as clearly as I could, in order that there need be no misunderstanding in the matter. With these facts before it the American Medical Association can take such course as seems to it best and wisest.

You say, in your editorial, that "The New York Society is likely to be followed in this respect by other State Societies." However this may be, it is pretty clear to my mind that several of the States can follow the example set by New York, with advantage to themselves, and the States that will be specially benefited by such a course are Illinois, Michigan, Massachusetts and Pennsylvania.

I remain, yours respectfully,

HENRY G. PIFFARD, M. D.

PERTUSSIS.—According to the *Lancet*, good results have been obtained in pertussis by mustard plasters to the spine at night, conjoined with the use of cold sponging on the morning thereafter.

REVIEWS.

OPIUM SMOKING IN AMERICA AND CHINA: A Careful Study of the Mental, Moral, Physical and Financial Effects of this Vice upon the Individual and the Nation. By H. H. Kane, M. D. Illustrated. Two hundred pages. New York: G. P. Putnam's Sons, 1881; Jansen, McClurg & Co., Chicago.

This is a very fascinatingly written book on a topic of deep medical and sociological interest. It has been estimated roughly, that there are in the United States six thousand American opium smokers, and that this form of the opium habit is increasing. The readers of the *Review* of October 5, 1881, will remember that its New York correspondent gave a very vivid account of this habit as seen by him in the purlieus of New York. Dr. Kane's book is a very valuable exposition of more facts of the same kind. The book contains not only a description of the different phases and results of opium smoking, but also some very valuable hints as to treatment. The opium smoking habit resembles the other habits in that: First: A gradual rise in the amount used is necessary in order to get the desired effects. Second: The pleasurable symptoms that first appear soon disappear. Third: In the evil effects on mind and body; and Fourth: In the symptoms incident on abstinence. It would appear that many opium smokers are long lived. As to rapidity of action and permanency of effect, the different preparations of the drug and manners of using them, may be ranged in the following order as regards hurtfulness. First: Hypodermic injection of morphia. Second: Morphia by the mouth, or rectum. Third: Alcoholic preparations of opium by the mouth. Fourth: The use of gum opium by the mouth. Fifth: Opium smoking. Opium smoking is therefore the least hurtful of the opium habits. It differs from the other opium habits in being a social not a solitary vice. The opium smoker never finds as much enjoyment when smoking alone as he does in the "joint," as the opium smoking den is called. The present small work contains a wealth of interesting facts concerning this habit. It is needless to say that it is well issued by the publishers.

DR. D. G. BRINTON's interesting weekly, "Our Continent," announces that it will not receive any patent medicine advertisements.

THE PATHOLOGY AND TREATMENT OF YELLOW FEVER, with Some Remarks on the Nature of its Cause and Prevention. By H. D. Schmidt, M. D., New Orleans, Louisiana. With Five Illustrative Plates. Chicago: Chicago Medical Press Association, 189 Thirty-Seventh Street, 1881.

This is certainly a monumental work. The author has had abundant opportunities for the study of the disease. He is Pathologist to the Charity Hospital, New Orleans, and has consequently had the chance of studying much that ordinarily escapes observation. The book is divided into two parts and an Introduction. Part I. is devoted to the clinical phenomena and pathological anatomy, and general pathology. Part II. is devoted to a consideration of the probable nature of the infectious poison of yellow fever; treatment; the prevention of yellow fever and explanation of the cuts. The bibliography is very full and exact, and it is almost unnecessary to say that the pathological histology is fully up to the times. Dr. Schmidt believes that much can be done in the prevention of yellow fever by a properly arranged and conscientiously executed quarantine, supplemented by proper and complete disinfection. Dr. Schmidt says, "There remains no doubt that extensive epidemics have been chiefly due to the idea of the non-contagiousness of yellow fever being prevalent among the laity." He believes that all articles with which the patient has come in contact should be burned, and any house in which the disease occurs, should be subjected to the most thorough disinfection. The book is fairly well issued by the publishers.

DR. Oscar C. DeWolf has been elected to the chair of State Medicine in the Chicago Medical College. He will give four lectures in the Practitioners' Course, commencing this week, on the "Natural Laws Governing Epidemic Diseases." The College is to be congratulated upon this accession to its working forces. Dr. DeWolf's success as a general practitioner, has been very great, while his management of the Health Department of this city has been such as to give him a national reputation as a sanitarian.

BOOKS AND PAMPHLETS.

H. H. Kane, M. D., Fort Washington, New York. *Opium Smoking in America and China.* New York: G. P. Putnam's Son & Co., 1882; Jansen, McClurg & Co., Chicago.

Roswell Park, A. M., M. D., Chicago, Illinois. *On a New Method of Making Anatomical Preparations and Preserving their Flexibility.* Reprinted from the *Annals of Anatomy and Surgery*, March, 1882.

Marriage and Parentage, and the Sanitary and Physiological Laws for the Production of Children of Finer Health and Greater Ability. New York: M. L. Holbrook, 1882; Jansen, McClurg & Co., Chicago.

Hamilton Osgood, M. D., Boston, Massachusetts. *Winter and Its Dangers; American Health Primers.* Philadelphia: Presley Blakiston, 1882.

John H. Packard, M. D., Philadelphia, Pennsylvania. *Holmes' System of Surgery.* American Edition. Philadelphia: H. C. Lea's Son & Co., 1882.

Chas. S. Martin, 40 Cortland Street, New York. *Martin's Chemists' and Druggists' Bulletin and Medical Advocate.* Volume II., No. 2, February, 1882.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from March 1, 1882, to March 12, 1882:

Alexander, R. H., Major and Surgeon. Now awaiting orders, to report in person to the commanding general Department of the Missouri for assignment to duty. S. O. 52, A. G. O., March 6, 1882.

Brown, H. E., Major and Surgeon. Now awaiting orders, to report in person to the commanding general Department of the South for assignment to duty. S. O. 52, C. S., A. G. O.

Dickson, J. M., Captain and Assistant Surgeon. Now awaiting orders, to report in person to the commanding general Department of the East for assignment to duty. S. O. 52, C. S., A. G. O.

Lauderdale, J. V., Captain and Surgeon. Relieved from duty in the Department of the South, and to report in person to the commanding general Department of Dakota for assignment to duty. S. O. 52, C. S., A. G. O.

Finley, J. A., Captain and Assistant Surgeon. At expiration of his present leave of absence, to be relieved from duty in the Department of the East, and to report in person to the commanding general Department of Texas for assignment to duty. S. O. 52, C. S., A. G. O.

Gardner, Edwin F., Captain and Assistant Surgeon. To report in person to the President of the Medical Examining Board, in session in New York City, for examination for promotion, and, on its conclusion, to report by letter to the Surgeon General. S. O. 52, C. S., A. G. O.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

EDITORIAL CORPS:

J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.
EDWARD C. SPITZKA,
Diseases of the Nervous System and of the Mind.
CHRISTIAN FENGER,
Surgery.
E. C. DUDLEY,
Gynaecology.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.
HARVEY W. WILEY,
Chemistry, Toxicology and Public Hygiene.
MARSHALL D. EWELL,
Medical Jurisprudence.
ALEXANDER J. STONE,
Midwifery.

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POLITICAL ECONOMY IN MEDICINE.—The Review has received some startling information which concerns the medical profession as the increasing Chinese immigration does the laboring population of the United States. From a gentleman of undoubted veracity now traveling in Europe, has been received the sinister declaration that many of the German professors and docenten are studying the English language! To the unthinking, frivolous members of the profession, destitute of all knowledge of political economy and without insight into the causes which have ruined nations, this fact may appear to be without bearing, present or future, on the destinies of the American medical profession. To the Review and to its informant this fact is of stern augury. Were these professors and docenten studying English purely from scientific or literary motives the Review would look upon their studies with equinamity, but behind this lurks a deep, crafty design. They intend to come to the United States to enter upon the practice of medicine.

Owing to some strange nativism Americans are not allowed to practice without examination in Germany. Were such professors and docenten to practice in the United States the Review's informant believes that all the rights, honors and privileges of the American physician would be appropriated by them; they being, accord-

ing to him, better trained as physicians, and he believing in the stern law of the "survival of the fittest." The Review's informant believes that the only way to check such an evil is to resort to a system of protection of national industry like that of the Canadians; that is, compel all Europeans to get American diplomas. The Review fears this would but slightly palliate the evil as what would be easier. But one solution of the problem offers the slightest remedy. The United States should be strictly quarantined, and every German physician returned with idiots, criminals, lunatics, paupers and other defective classes. This would serve the purpose more especially if the United States were quarantined also against all Americans holding foreign licenses to practice, for by this means the evil might be secretly introduced. Perhaps these severe measures may not be necessary. These insidious but benighted foreigners could never fathom the secret workings of the Medical Societies of the United States. The society doctor would be a phenomenon equally uncomprehensible, and still less would they understand the relations between political caucuses and hospital positions which are thoroughly understood only here. So even without quarantine regulations there is some slight hope, but the Review, like its informant, looks upon the future with misgiving.

THE CONCOURS SYSTEM.—The Rush Medical College after adopting and practicing this system as a means of filling the chairs of its spring faculty, has now abandoned it, at least in the case of two appointees who have recently been elected, simply on the basis of their known merits, without the least regard for any incidental advertising advantages which necessarily pertain to the universal announcements of such a contest and its results in the medical press. It is not improbable that the Rush faculty were led to the abandonment of the concours in these cases for one or both of two reasons. It would seem that no man of the ability and professional standing of these two appointees, would consent to place himself in such a position that judgment must be pronounced for, or against him on the basis of a single forced effort to lecture for twenty minutes, and that these gentlemen therefore could not have been secured by such means; or the faculty may have recognized the necessarily formal working of the concours in the cases of two such unexceptionable applicants.

Although this does not necessarily commit the institution to the permanent abandonment of the concours, yet it must at least be a precedent by which it may only be resorted to in certain exigencies, such as difference of opinion on the merits of a candidate, or in order to suppress an importunate applicant for whose accommodation no other satisfactory means can be devised, not even the adroit recommendation of that applicant for a chair in one of the rival medical colleges.

LETTERS OF THE INSANE.—A gentleman discharged from the Barnwood Lunatic Asylum, Gloucester, England (*British Medical Journal*, March 25, 1882), has complained that his letters written in the asylum and while insane, were sent to his friends, and he has thus been permitted to make a fool of himself in public in a way calculated to injure him pecuniarily. The case illustrates one great difficulty with which insane asylum officials have to contend.

RESORCINE AND QUININE.—Dr. Stillé (*Memorabilin*, January 10, 1882,) has not had very good results from resorcine in malarial fever. He gave the drug in thirteen cases; in five he had good results, in six the drug palliated the disease, while in two cases it was without effect. The smallest dose given was five grains, to a boy three years old, which was without effect, and a similar condition resulted from the administration of the largest dose, one drachm. The average dose was twice as great as that of quinine. None of the alarming symptoms so often ascribed to the drug were noticed.

BREECH PRESENTATIONS.—Dr. S. Hamilton (*Edinburgh Medical Journal*, November, 1881,) makes some valuable suggestions as to the delivery of breech presentations. A forceps measuring two and three-fourths inches from blade to blade, and one inch at the tips, failed to give firm hold, and he, therefore, uses that of Ziegler, which has been brought together one-eighth of an inch closer in both directions. One finger, or two, hooked in the groin is the safest and most convenient instrument, yet when the nates are high in the pelvis, the traction thus exerted is not great, and in strong primiparæ requires long application. As a safer instrument than the bare hook, the author recommends the handle of the common craniotomy crotchet, over which an india-rubber tube is slipped. A soft surface is thus afforded, and the utility of the crotchet is not interfered with. Dr. Hamilton rejects the use of the bandage, or thick tape, usually recommended in these cases, inasmuch as it is liable to do harm to the parts of the child, and is not easily passed when the nates are high in the pelvis. He resorts to an india-rubber tube to facilitate introduction. A piece of crinoline iron is given the proper curve and then inserted in a small rubber-tube, eighteen inches long, and passed around the groin. Traction can thus be employed without much fear of doing injury.

HEMIPLEGIC FORM OF POLIOMYELITIS ANTERIOR.—Dr. P. Cantelina (Lo Sperimentale, October, 1881,) has observed a case which he calls subacute anterior poliomyelitis, because: First: It was not a peripheral paralysis by reason of the diversity of the muscles involved, and of the fact that the diaphragm was affected. It was not due to a cortical lesion as the paralysis was gradual in appearance and affected the muscles of the thorax. The electrical reaction of the muscles was also diminished. Cantelina, therefore, concluded that it was produced by a lesion of the cord similar to that of infantile spinal paralysis, since there was an initial febrile disturbance, a gradual development of the paralysis and but a partial distribution of it, the sphincters were not involved, the muscles affected atrophied, and the presence of the degeneration reaction.

OÖPHORECTOMY.—A test of the estimation in which this operation is held by the various gynæcologists is to be found in the number of operations reported by each. Dr. Battey, the originator of the operation, whose conservatism is well known, has performed the operation but sixteen times in the course of ten years; Matthew Duncan but once. Spencer Wells regards the operation as being but very infrequently necessary, which is also the opinion of Martin, of Berlin. Lawson Tait, of Birmingham, England, has, on the other hand performed oöphorectomy no less than sixty-five times in less than two years. The contrast between the infrequency with which Battey has performed the operation as compared with the great number of cases in which Lawson Tait has found it necessary, is something remarkable.

BORAX IN ERYSIPELAS.—Dr. F. H. Atkins, Fort Stanton, New Mexico, (Philadelphia Medical Times, March 25, 1882,) claims very good results in erysipelas from the use of a solution of borax in glycerine, one drachm to the ounce. The borax was sometimes used in conjunction with tinc-

ture of per chloride of iron; sometimes not. As an adjuvant in the treatment of erysipelas there is no doubt but that borax would be of value.

EARLY TREATMENT OF PROSTATIC OBSTRUCTION.—Mr. Reginald Harrison, Liverpool, (British Medical Journal, March 18, 1882,) has recently adopted a mode of treatment of this condition with specially adapted bougies. These are gum elastic, two to four inches longer than usual in the stem, with an expanded portion an inch from the tip, which is made to enter the bladder. The prostate is thus subjected to pressure on the insertion and withdrawal of the instrument. As a rule, if dilatation be not proceeded with too rapidly, no irritation results. Mr. Harrison has had undoubted benefit from this procedure in many cases where the symptoms of impediment to micturition were beginning to form. Such patients have regained the power of micturition they were beginning to lose.

OSSEOUS LESIONS IN HEMIPLEGIA.—M. Debove (Medical Record, December 31, 1881,) has brought before the Société Médicale des Hôpitaux, the osseous lesions met with in hemiplegic subjects. In the Bicêtre he had observed several fractures in paralytic subjects, which were always on the hemiplegic side. There was reason to believe that the bones on the affected side had been rendered more friable. At the autopsy of a hemiplegic who had fractured the humerus, M. Debove was able to observe that not only had the fractured bone undergone this change, but all the bones of that side were affected. In comparing the two sides, he found that the humerus of the paralyzed side was lighter than that of the other, the medullary canal was larger, and the substance of the shaft less compact. The Haversian canals were much dilated. There was evidence of fatty degeneration. These lesions explained the relative frequency of fractures in hemiplegics. These fractures, however, unite very rapidly.

ALBUMINURIA AND PHTHISIS.—Dr. C. T. Williams (British Medical Journal Mar. 18, 1882,) claims that albuminuria and phthisis often coexist. Renal disease masks the symptoms of phthisis, especially affecting the temperature. Dr. Williams ignores the fact that diminished blood pressure produces albuminuria, and that such diminished blood pressure might result from the febrile condition of phthisis, the temperature falling with the appearance of the albuminuria. That there should be renal disease to produce such effect, is not certainly shown; the renal condition might or might not ultimately become more than bio-chemical. Dr. J. E. Pollock, in the discussion of Dr. Williams' paper, gave a possible explanation when he said that albuminuria had very likely only a coincidental relation with the fall of temperature.

PLANT MOVEMENTS AND CHOREA.—Dr. Francis Warner (British Medical Journal, February 25, 1882,) attempts to show that between the continuous conditions of spontaneous muscular unsteadiness of a nervous child and the movements of some plants there exists an analogy. He claims that the movements of chorea are far more frequent and continuous than might be expected from mere inspection of the hands. Second: That these movements may be but an exaggeration of the movements of a nervous child usually present but overlooked. Third: The twitching movements are really compound. The article is an appeal for better observation of plant physiology, and the transference of facts so obtained to the domain of animal physiology. The argumentation is very ingenious, but somewhat fanciful and bizarre.

NUTRIENT SUPPOSITORIES.—Dr. H. E. Spencer, (Practitioner,) claims that life may be prolonged by the use of nutrient suppositories, consisting of artificially digested meat mixed with a little wax and starch, and made into suppositories. In case of irritability of the rectum a little

opium might be added. In cases of gastric ulcer he has had very good results from the use of such suppositories; food by the mouth being stopp'd for fourteen days and one suppository inserted in the course of every four hours.

THE OVARIAN CELL.—The accurate diagnosis of ovarian tumor is of vital importance, as mistakes are by no means rare, even by the most skilful diagnosticians. Dr. W. A. Edwards (American Journal of the Medical Sciences, April, 1882,) publishes some researches made in the Pathological Laboratory of the University of Pennsylvania, as to the value of the ovarian cell as an element of diagnosis from which he concludes: First: The ovarian cell is not diagnostic of the ovarian tumor. Second: Fluid from an ovarian tumor may be entirely devoid of the ovarian cell. Third: On the other hand, an abdominal fluid which is not ovarian may present the cell in great abundance. Fourth: In the present state of knowledge, the microscopical diagnosis of ovarian dropsy can be said to be impossible.

INSANE PHYSICIANS.—The Lamson case is likely to bring up a discussion of the subject of insane physicians practising. It is now claimed for Dr. Lamson that he is insane, though it is not a little difficult to see, from the facts given, on what such a diagnosis is based, and that such insanity has manifested itself chiefly in the prescription of large doses of aconitine. That the insanity of a physician might take this direction is shown by a case which occurred in Vienna. A physician became the victim of progressive paresis, and in consequence of parietic notions, prescribed for all his patients enormous doses of corrosive sublimate, which were fortunately detected by an apothecary and led to the physician's incarceration in an asylum. A similar case is reported from Philadelphia. Such a condition of things might exist in the Lamson case, but of it there are no evidences.

MITRAL STENOSIS AND SEX.—Dr. Mary Marshall, (Medical and Surgical Reporter, March 25, 1882,) claims that mitral stenosis is much more frequent among women than men, occurring in the proportion of two to one. This, according to Dr. Marshall, is due to the fact that the mitral orifice is much more narrow in women than in men, and also to the fact that during the puerperal period the blood is much less alkaline than at other periods, and has much the same effect as the blood in rheumatism has upon the mitral valve. These conclusions would seem to require further extended examination.

AMYL NITRITE IN UTERINE CONTRACTIONS.—Dr. Fancourt Barnes, (British Medical Journal March 25, 1882,) reports a case in which the use of a three drop inhalation of amyl nitrite had a marked effect on the hour glass contraction of a uterus in the third stage of labor. He cites Dr. F. Barnes, Sr., as saying that three minims of amyl nitrite added to one drachm of ether is an excellent "epechontocic" agent, that is, it antagonizes the effects of ergot and rapidly relieves spasmodic and trismic uterine contractions.

CAUSES OF THE FORM OF BONES.—Dr. T. Dwight (Boston Medical and Surgical Journal, March 9, 1882,) cites the following conclusions of Lesshaft respecting the form of bones: "First: The development of every part of a bone is in relation with the activity of neighboring muscles. When activity is great the bones are strong; but when feeble, the bones become thinner, weaker, more slender, and relatively longer. Second: The form of the bones varies when the resistance of the neighboring organs is lessened; in such cases the bone grows thicker toward the part which offers least resistance. Third: The form depends upon the greater or lesser amount of pressure by exterior organs; development is diminished whenever outside pressure increases; and if pressure be only directed on one side the

bone accordingly alters its shape and curves. Fourth: The aponeuroses, which are under direct muscular influence, also exert a lateral pressure, which is lessened by section of the aponeurosis. This has the same effect on the form of the bones as removal of portions of the muscles themselves. Fifth: The bones are active organs as far as their structure is concerned, serving as a base and support to adjacent organs; but they are passive in relation to those organs. This relation depends mainly on the sources of their common nutrition, which increases as the pressure of adjacent parts diminishes, and as the action of neighboring muscles is more markedly developed.'

SORE NIPPLES.—Dr. Favre, (St. Petersburg Medicinische Wochenschrift, Jan. 28, 1882,) claims that there are two varieties of these, fissures and erosions, and believes that the latter are to a large extent due to tight fitting dresses and pressure by corsets. He advises that the nipples be sprinkled with bismuth, dry, or that this be made into an ointment in the proportion of one of bismuth to two of vaseline. This procedure has often resulted in a cure within twenty-four hours.

CONIUM AND SALICYLIC ACID IN CHOREA.—Dr. T. Churton Leeds, England, (British Medical Journal, March 18, 1882) claims to have had very good results from a combination of these two drugs in rheumatic chorea. The salicylic acid was given in twenty grain doses in combination with half a drachm of succus conii in the course of every four hours.

CHROMIC ACID AND TONSILLITIS.—Dr. D. A. Hogue, Houtzdale, Pa., (Medical Brief,) claims that he has successfully treated chronic tonsillitis by the use of the following mixture, applied to the tonsils with a camel's hair pencil. R Acid Chromic 3i Aquæ ʒi M. The prescription was a favorite one with Dr. J. A. Meigs, who had very good results from its use.

POTASSIUM BICHROMATE IN SYPHILIS.—Dr. J. E. Guntz, Dresden, Germany, (*Medical Record*, April 1, 1882,) claims to have obtained very good results in the treatment and prophylaxis of syphilis, by the use of what he calls "chromwater"; that is potassium bichromate dissolved in carbonic acid water. He gives, per diem, three and one-half grains of the salt, divided into five doses, dissolved in a pint and a quarter of carbonic acid water. He claims good results also from this chromwater in diphtheria. The statistics by which he justifies these claims contain numerous possible elements of error in addition to those produced by Dr. Guntz's enthusiasm.

ACUTE ARTICULAR RHEUMATISM.—Dr. Carpini gives the following indications (*Glasgow Medical Journal*, Feb., 1882,) for the treatment of acute articular rheumatism: Sodium salicylate is best fitted for acute febrile polyarthrititis with particularly severe joint symptoms, but is contraindicated by co-existent cardiac disease, or nervous, gastro-intestinal, or renal affections. Quinine bisulphate is of course indicated when the rheumatism is produced by, or co-exists with malarial affections. Benzoic acid is indicated in cases where the rheumatism is complicated by nephritis. Blisters are specially indicated in cases where the rheumatism affects but few joints.

PHYSICS OF ANÆSTHETICS.—Dr. W. H. Green, (*American Journal of the Medical Sciences*, April, 1882), points out the possibility of disastrous results being due to the physical nature of an anæsthetic to the exclusion of all other factors. All gases or vapors capable of replacing a portion of the air inspired and exerting no poisonous action on the tissues, may be classed as anæsthetics, probably from their excluding oxygen from the lungs, and Dr. Greene shows it is not at all improbable that at least a part of the effect of all anæsthetics is due to the same cause. The elimination of an anæsthetic is as vitally important as is

its introduction, and this elimination, for the most part affected by the lungs, must be governed by the laws of gas diffusion. If the vapor diffuse but slowly into the air, it is obstinately retained by the air lobules, and its presence must, to a certain extent, interfere with the elimination of carbon dioxide and the necessary absorption of oxygen. The rate of gas diffusion is inversely as the square roots of the density. Dr. Greene makes an interesting comparison between the vapor densities of a few simple compounds, and, at the same time, their reputed values as safe anæsthetics, in which the attention is necessarily drawn to the low densities of the substances universally recognized as those most devoid of danger.

EUTHANASIA.—Dr. J. G. Johnson, Brooklyn, New York, (*Bulletin Medico-Legal Society*), says that a few years ago a clergyman was convicted of murder in the second degree in England. He was a missionary among the poor in London, and when he found them with cancer and other incurable diseases, and without the means to obtain necessities for their comfort, at the sick person's request he would administer a dose of morphia sufficient to carry them off, and he was transported for life as a convict for thus relieving incurable suffering. The clergyman was not entitled to form an opinion as to the propriety of producing euthanasia in these cases.

OPTIC DISC ATROPHY AND ERYSIPELAS.—Mr. Nettleship (*British Medical Journal*, March 18, 1882,) recently exhibited before the Ophthalmological Society a man who presented marked optic disc atrophy after phlegmonous erysipelas of the orbit. The patient attributed the injury to getting brass filings in the eye near the orbit, but was not seen until too late to determine whether the injury was pre- or post-neurotic. In one similar case there was found extensive nerve degeneration of the nerve close behind the orbit almost amounting in extent to complete necrosis.

CHLOASMA.—Dr. Unna, Hamburg, (Berliner Klinische Wochenschrift,) claims good results from the following procedure in chloasma. The skin is first sponged off with alcohol or Cologne and a mercurial plaster made from white precipitate ointment is applied over the pigmented spots in narrow strips and allowed to remain during the night. The following pomade is used during the next day: $\mathcal{R}$ Bismuth subnit. 3iss, Kaolin 3iss, Vaseline 3vi to 3iss M. This is applied over the spots and in conjunction with the other treatment is said to effect a rapid cure.

GLONOINE IN CARDIAC DISEASE.—Dr. W. E. Green (Practitioner, February, 1882,) claims that glonoine ranks second only to digitalis in the treatment of cardiac disease. He generally gives it in minim doses of a one per cent. alcoholic solution. It is especially indicated in angina pectoris and weak dilated and fatty heart. In the latter it gives relief by reducing arterial tension and thus lessening the amount of work the heart has to do. The drug may at times be advantageously combined with digitalis. It produces a sense of fulness in the head and a general feeling of warmth.

BRIGHT'S DISEASE.—Dr. Louis D. Brose, Philadelphia, Pa., (Philadelphia Medical Times, March 11, 1882) after extended experiments comes to the following conclusions respecting Bright's Disease: First, That nephritis results whenever blood goes to the kidneys sur-charged with any irritating material excreted by them. Second, Fatty degeneration and infiltration of the renal epithelium may be present within twenty-four hours after the production of nephritis. Third, The first alterations in the kidney are noticed in the epithelial lining of the convoluted uriniferous tubules, and this alteration manifests itself in a clouding of their protoplasm. Fourth, The intensity of the lesions is in direct proportion to the concentration of the poison. Fifth, There may be a parenchymatous nephritis

without perceptible involvement of the interstitial tissue. This occurs rarely, and only in those cases in which the poison acts either very severely and produces early death of the animal, or its very great dilution by the blood and rapid excretion renders its influence transient, and the animal makes an early recovery. In many cases there is an involvement of the interstitial tissues as well as the epithelium. Sixth, Interstitial nephritis may occur as an acute disease. Seventh, The alteration of the blood vessel walls affects all three coats. Eighth, The desquamation is due to an impermeability of the epithelium in consequence of its granular degeneration. Ninth, Parenchymatous nephritis is an active process and interstitial nephritis is generally a passive process.

HYSTERECTOMY.—Dr. C. Cushing reports (American Journal of the Medical Sciences, April, 1882,) two cases of removal of the uterus for cervical cancer, one of which was successful and one was fatal, with the following deductions: First: Do not undertake removal of the entire uterus if the surrounding tissues are involved in the disease, or the uterus is at all fixed, for the operation is then very difficult, and the disease certainly returns at the seat of operation. Second: Operate by the vaginal method, it being a much safer one. Third: Leave the opening made by the removal of the uterus open, so as to allow perfect drainage, there being apparently no disposition to prolapse of the small intestine. Fourth: Keep a self-retaining catheter in the bladder, in order to avoid its distension, and to prevent the too frequent disturbance of the patient. Dr. Cushing suggests that enough of the diseased structure be removed for a microscopical examination, before the final decision as to an operation's advisability. This latter suggestion is such a truistic one that it is a little astonishing to see it made in an article of so scientific a character as this of Dr. Cushing purports to be.

BATHS FOR THE NEW BORN.—Dr. F. Winckel, Dresden, Germany, (*Centralblatt für Gynäkologie*, January 7, 1882,) suggests the propriety of keeping new born children for a long time after birth in warm water. He considers this more useful than rolling them in cotton batting, applying warm baths and keeping them in warm rooms. The following peculiar conditions are claimed to be those in which such a procedure is particularly indicated. First: Children born between the twenty-eighth and thirty-sixth weeks of utero gestation. Second: Children born asphyxiated or weak from flooding or from umbilical hæmorrhage. Third: Where there is disease of the skin. Fourth: Where the child is emaciated, to prevent bed sores. Dr. Winckel's claims are supported by cases, giving full details of temperature, pulse, etc.

ALLYL SULPHIDE IN RABIES.—Dr. Dujardin-Beaumetz claims that the Russian treatment of rabies is one which yields very good results. The patient is placed in an over heated room and sulphide of allyl administered. Three persons who had been bitten by a dog, undoubtedly rabietic, were submitted to this treatment by Dr. Beaumetz, and none have displayed any evidence of the disease, although six months has elapsed since they were bitten. It cannot be said that such results are any evidence that the treatment is of value, since it is by no means sure that these three patients would have become rabietic, had they been allowed to remain untreated.

ERYSIPELAS PREDISPOSITION AND OPERATIONS.—Dr. Verneuil has recently called attention to the fact that there exists what may be called a predisposition to erysipelas in certain individuals, and that it is desirable to ascertain whether this is, or is not, a contra indication for operations. In three cases in which he himself was obliged to operate, the patients had previously had one or more attacks of erysipelas, and

in all three, died from erysipelas subsequent to the operation. Dr. Desprès did not consider that such circumstances should lead to a graver prognosis. He had operated in four such cases and in two erysipelas had made its appearance. Dr. Marc Sée had operated in one such case, but erysipelas did not present itself. Dr. Gillette had once operated in such a case and the patient died of erysipelas. Of these nine cases six seem to show that there is danger in operating upon patients who have shown any tendency to erysipelatos attacks, particularly if they be alcoholists.

BELLADONNA IN PERTUSSIS.—Dr. Simon (*Gazette des Hopitaux*, January 5, 1882,) claims very good results from the use of large doses of this old remedy in pertussis. In the case of a child three and a half years old he gave thirty drops tincture of belladonna the first day, forty drops the second, and sixty the third day, continuing this latter dose which was well borne for ten days. These large doses are not well borne by children older than twelve. There is nothing essentially new in this mode of treatment, but it has fallen somewhat in desuetude and seems worthy of revival. Of course children can take larger proportionate doses of belladonna than adults.

OPHTHALMIA NEO-NATORUM.—The etiology of this is at present much discussed. It was at one time the prevalent opinion that the disease was due to vaginal catarrh in the mother. Against this must be set the fact that there have been cases of ophthalmia neo-natorum among children delivered by Porro's operation. As a means of prevention of this disease Dr. K. Grossman, Liverpool, (*British Medical Journal*) disinfects the vaginas of women antecedent to delivery, and also washes the eyes of the child immediately after delivery with a two per cent. solution of carbolic acid, continuing this three times daily during the first two days after birth; this procedure has been followed by excellent results.

URÆMIC ERYTHEMA. — Dr. Bruzelius, Stockholm, Sweden, (Nordiskt Medicinskt Arkiv, October, 1881,) calls attention to an erythema, which appears during uræmia, and usually presents itself first upon the wrists. It forms lentil sized blotches of a distinct red color, disappearing upon pressure. It has no relation to dropsy, pursues no fixed course and is a bad element in prognosis.

CONTRACTURES FROM FEAR. — Dr. Dally (Annales Medico-Psychologiques, March, 1882,) reports a case in which a young girl, without hysterical antecedents, was attacked suddenly by pains in the arm and leg of the same side. From fear of moving these, contractures resulted of considerable duration which at last passed beyond the control of the patient's will. Under the use of massage and suitable moral influences, the patient fully recovered.

VIRUS ABSORPTION FROM WOUND SURFACES. — The experiments of Renault on glanders, and those of Colin on anthrax have demonstrated that cauterization of a subcutaneous punctured wound is useless when performed later than twenty minutes after inoculation. Davaine (Medical News, February 4, 1882,) shows that certain characters of the wound may serve to delay the rapidity of absorption. Having placed material from anthrax on the surface of wounds produced in rabbits by vesicants, friction with rough surfaces, or the removal of skin, he found that many animals survived when the wound was cauterized with caustic potassa, one, two, or even three hours afterwards. Dr. Davaine suggests that in a sub-epidermic wound a number of small vessels are divided and the circulation is maintained by the collateral branches which are given off immediately below the divided vessel, and by this the virus which has penetrated into the interior of a wounded vessel, reaches the general circulation. In a more extensive wound even the collateral branches will be largely destroyed and direct entrance of the poison to the circulation will be thus retarded.

Therefore, though punctured wounds are the most dangerous, it seems prudent to cauterize infected wounds even several hours after they have been inflicted. It may be noticed that these results do not apply to bites, although they apply to wounds a surgeon might inflict on himself with a knife. No allusion is made to the use of the hot iron nor to any caustic except sulphuric acid and Vienna paste. It is to be hoped that this line of research will be followed out by others.

ACUTE GLAUCOMA FROM DUBOISIA. — That atropia instilled into an eye may excite an attack of acute inflammatory glaucoma is generally accepted as an established clinical fact. An inference which may properly be drawn from this is that all the mydriatics can produce it. A practical illustration of this as regards duboisia is presented in the history of a case, the first on record, reported by Dr. A. G. Heyl, (American Journal of the Medical Sciences, April, 1882) where, following the instillation of duboisia, acute inflammatory glaucoma was speedily developed in an eye in which a simple glaucoma already existed.

THE ABORTIVE TREATMENT OF BUBOES. — Dr. M. K. Taylor (American Journal of the Medical Sciences, April, 1882), claims good results in the abortive treatment of buboes by injections of carbolic acid. He reports twenty cases in which he obtained remarkable success, and states that within the last seven years he has treated nearly one hundred and fifty cases of various forms of lymphadenitis, arising from specific and non-specific causes; and where he saw the cases before the formation of pus was well established, he had not failed to arrest the process immediately, and allay the pain in a few minutes. His method is to inject from ten to forty minims of a solution of eight or ten grains to the ounce, of carbolic acid directly into the interior of the inflamed gland. This treatment is of course not original with Dr. Taylor.

PHYSICIANS AND DUELS.—Justice Cave, in a recent duelling case in England gave it as his opinion that the medical man who attended a duel to prevent a man from dying was to be held equally guilty with the person who fired the shot, because by his mere presence he forwarded the duel.

TURPENTINE AND CARBOLIC ACID IN TYPHOID.—Dr. J. F. Peace, Mt. Energy, North Carolina, (Medical Brief, April, 1882,) reports fifty-four cases of typhoid fever, of which thirty were treated with carbolic acid given in one to three drop doses, three to four times per diem, and twenty-four were treated with turpentine given in five to ten drop doses, three to four times a day. The duration of the disease was shortest in those treated with carbolic acid, and they all recovered. Of those treated with turpentine two died. The supporting treatment was the same in all.

MITRAL PRESYSTOLIC CARDIAC MURMURS.—From a careful clinical study of the varieties, mechanism, and clinical significance of mitral presystolic murmurs Dr. A. Flint (American Journal of the Medical Sciences) draws the following conclusions: First: There are two varieties of this murmur, which are distinguished by differences in quality and mechanism. One variety is a rough, and the other is a soft murmur. Second: The roughness in the first is characteristic, and may be distinguished as vibratory or blubbering. The softness of the second variety is bellows like. It may vary in pitch and intensity, but as a rule, it is low and weak. Third: The rough murmur is due to vibrations of the curtains of the mitral valve, caused by the passage of blood from the auricle to the ventricle. The soft murmur may be due either to contraction of the orifice through which the blood passes, or to roughness of the surface over which it flows. Fourth: A rough presystolic murmur denotes a mitral obstruction due to adhesion of the mitral curtains, leaving a contracted orifice, the curtains

remaining flexible. A presystolic soft murmur denotes either a contracted orifice or roughness of the endocardial membrane. Fifth: A rough presystolic murmur, exceptionally, is produced when there is no mitral lesion, aortic regurgitation existing whenever the murmur is thus produced. The production of this murmur without mitral lesion may be explained by the physical conditions incident to aortic regurgitation, taken in connection with the mechanism of the murmur. Sixth: A rough mitral presystolic murmur is not always present with contraction of the mitral orifice, and by reference to the physical conditions, together with the mechanism of the murmur, its absence in certain cases may be satisfactorily explained. Seventh: A soft mitral presystolic murmur is a very rare physical sign. A rough mitral presystolic murmur, on the other hand, is by no means rare, although less frequent in its occurrence than the mitral systolic, the aortic direct, and the aortic regurgitant murmurs. Eighth: Mitral lesion giving rise to presystolic murmur is sometimes tolerated for a much longer period than appears to be generally supposed.

ABDOMINAL SECTION.—Dr. Thomas Savage (Birmingham Medical Review, January, 1882,) discusses the various applications of abdominal surgery. He believes that while drainage, perfect cleanliness and sanitary surroundings do much for patients even when unaided by antiseptics, the addition of these give so much better results, that it is advisable to give the patient the benefit of this improvement.

ESERINE SULPHATE IN TETANUS.—Dr. T. Layton, New Orleans (New Orleans Medical Journal, March, 1882), describes a case of traumatic tetanus in a boy of eleven which was treated by one-sixtieth grain doses of eserine sulphate every hour. The patient recovered; the last traces of the disease disappearing twenty-eight days after the beginning of the attack. The child took in toto three grains of eserine.

WALSH'S RETROSPECT.—This valuable quarterly has introduced an original department with the new year. It contains in this department as an opening article, an interesting account of a case of septicæmia from gonorrhœa, by Surgeon General Wales. The Retrospect department is kept up to its former standard of excellence.

DESTRUCTION OF THIRD CERVICAL VERTEBRA.—Dr. J. A. Spencer, New York City, (New England Medical Monthly) reports having seen removed by Dr. J. N. Brown, San Jose, California, the entire third cervical vertebra through a deep ulcer in the upper and posterior part of the pharynx of a middle aged woman. The vertebra came away in three pieces, all of them being very carious. The patient fully recovered with a shortened neck. The case is very imperfectly reported.

PLEURITIC EFFUSION.—Notable diminution or suppression of vocal resonance and fremitus are signs justly reliable in the majority of cases in diagnosis of pleuritic effusion. It is, however, important to recognize that in rare instances they are apparently wanting. This fact is exemplified in a case reported by Dr. A. Flint (American Journal of the Medical Sciences, April, 1882), in which an exploratory puncture showed the presence of serous liquid within the right pleural cavity, with flatness on percussion over the whole right side of the chest. Over the scapula and in the infraclavicular region, the respiration was bronchial, and there was marked bronchophony. Over the remainder of this side there was absence of respiratory murmur, but the vocal resonance and fremitus were somewhat greater than on the left side. Dr. Baccelli maintains that by means of the whispered voice the nature of the liquid within the chest may be ascertained. According to him, if the liquid be serous, the whispered voice is well transmitted through the liquid, and is pectoriloquous in character. On the other hand, the voice is not

well conducted if the liquid be purulent. Dr. Flint further states, that in the last case of empyema which he saw, the loud and the whispered voice were conducted over the whole of the affected side of the chest with such intensity that there had been doubt as to the presence of liquid, although the patient had been previously aspirated. At the next aspiration a very large quantity of pus was withdrawn. In this case the liquid was serous, and although the vocal resonance and fremitus were but little diminished, there was no diffused conduction of whispering bronchophony or pectoriloquy observable.

KAVA KAVA.—This drug has been found useful by Dr. French, (Chicago Medical Review, March 20, 1881) in gonorrhœa. Dupuy has shown it to be a sialogogue, bitter tonic, diuretic, blenostatic, and mild excitant of the nervous system. Dr. Leighton Kesteven (Practitioner, March, 1882) gives some interesting particulars concerning this drug. It is prepared by the Fiji Islanders from the root of a species of pepper (*Piper Methisticum*); the old and dried root being preferred. The process of preparation consists in masticating the drug to the state of pulp, and then straining. The liquid resulting is fit for immediate consumption. The bowls of cocoa-nut from which it is quaffed acquire, after a few months use, a bluish pearly enamel. When prepared for Europeans it is pounded and grated. It is a marked stimulant to the intellectual faculties. The motor powers are affected by a carouse in such a manner as to lead to the belief that a patient drunk with Kava, although clear mentally, is suffering from locomotor ataxia. Kava markedly steadies the pulse. There are no after effects from intoxication with Kava. Kava constipates the bowels. From all these circumstances it would appear that this drug requires further extended investigation from a pharmacœopical and physiological standpoint and that Kava might be of service in certain of the neuroses and psychoses.

CENTRAL COLOR-SCOTOMA.—Dr. J. L. Minor (*American Journal of the Medical Sciences*, April, 1882,) shows that the way of testing for absolute color-scotoma furnishes an accurate result, but the method can be improved upon, while that described for partial color-scotoma is open to error. To obviate the central retinal exhaustion, not taken into account in ordinary methods, and at the same time furnish a means of compromise between the central and peripheral color perception, he employs colored cardboard disks about thirty centimetres in diameter, which are used as follows: The patient is directed to look at the centre of the colored disk, and if an absolute or a partial scotoma exists, it will be plainly mapped out upon the card, where the patient can himself trace the outlines. If neither the disc nor colored cardboard of sufficient size be at hand, the two small bits of cardboard used in ordinary tests may be taken, and the acuteness of color perception in various parts of the field of view compared by placing them, at the same time, in different positions, thus allowing a simultaneous comparison between them.

TRANSPLANTATION OF TENDONS.—Nicoladoni, Salzburg, Germany, (*St. Louis Clinical Record*, December, 1881,) reports an operation of this kind in paralytic talipes calcaneus, complete paralysis of the triceps suris having given rise to this deformity. The tendons of the peroneal muscles were implanted upon the tendo Achilles and intimate union was secured. The locomotion of the patient, a boy of sixteen years, was very materially improved as the result.

SULPHUROUS ACID IN GONORRHOEA.—Dr. L. C. Chisholm, Cross Plain, Tennessee, (*Southern Practitioner*, April, 1882,) claims that he has secured good results in gonorrhoea by the use of the solution recommended by Dr. Wilson. (*Lancet*.) This solution consists of one part of sulphurous acid and fifteen of water. Recoveries under this treatment are quick and complete.

PILOCARPINE AND ATROPINE.—Dr. Morat (*Progrés Médical*) claims that upon experimenting with these two drugs on the stomach and small intestines, he has found that while pilocarpine excited vigorous contractions of these viscera, atropine checked contraction and prevented its development even after stimulation of the pneumogastric nerve.

BENZOATES IN DYSENTERY.—Dr. Harris, (*Indian Medical Gazette*), claims that fifteen grain doses of ammonia or soda benzoate taken four times a day are of great value in the treatment of acute or sub-acute dysentery. The benzoates, especially the ammonia salt, produce an active secretion of bile and rapid cessation of the acute symptoms. The benzoates are readily tolerated by the majority of patients, and the stools become rapidly faecal.

INSANITY AND DIVORCE.—A recent English decision is of interest in this connection. On the night of the marriage (*Medical and Surgical Reporter*, February 4, 1882,) the wife refused to allow it to be consummated. On a subsequent examination by several alienist physicians she was found to be a melancholiac and unfit mentally to enter into a marriage contract. The court decided that the marriage was null. In this case there was no view but one to be taken, but about the abstract justice of the law of Wisconsin which made chronic insanity a ground for divorce, there may be some question, since from a humanitarian standpoint it seems hard to make a condition of chronic illness a cause for divorce. There are, however, many instances in which the non-existence of such a law would be a great individual hardship. A successful attempt was recently made to repeal this law based on humanitarian and sentimental grounds. The *British Medical Journal* has recently discussed in a similar tone this subject but has not been careful in its use of terms as it calls folie circulaire a variety of dementia.

THERE are five physicians in the House of Representatives.

DR. F. Taylor has resigned the Professorship of Public Health in Guy's Hospital, London.

DR. ZUCKERKANDL, of Vienna, Austria, has been made Professor of Anatomy in Graz, Prussia.

TALC.—According to a local paper impure vaccination produces "talc." This mineral has hitherto occurred naturally.

INSANE ASYLUM CONFLAGRATIONS.—At the destruction of the Insane Asylum of Yankton, Dakota, by fire lately, five patients were burned to death.

LEGAL STATUS OF PROFESSORS.—It has been decided by the Supreme Court of the State of Pennsylvania that a college professor is simply an employè, and entitled to no other privileges than any other employè.

DR. SAMUEL D. GROSS has resigned the Chair of Surgery in Jefferson Medical College, which he has held for twenty-six years. The duties of the chair will be divided between Dr. S. W. Gross and Dr. John H. Brinton.

DR. ROSWELL PARK has been appointed Lecturer on Surgery in the spring course Rush Medical College, and Dr. W. T. Bellfield has been appointed Lecturer on Physiology. The College is much to be congratulated upon these accessions.

DR. WINSEY, a graduate of Harvard University, was refused membership in the Baltimore Medical and Surgical Society on account of his color, which is two shades less dark than that of most Italian laborers who have received an accidental bath.

BRACHIAL ANEURISM.—True aneurism of the brachial artery is of great rarity. After a careful search through the literature Dr. L. E. Holt finds (American Journal of the Medical Sciences, April, 1882,) thirteen cases of brachial aneurism of spontaneous origin, i. e., not directly traceable to a wound or injury of the vessel. One occurred in Dr. Holt's own experience and was cured after careful compression with the conical pad.

INTERTRIGO OF CHILDREN.—Dr. Klammm (Le Progrès Médical, March 11, 1882,) claims that by the use of the following mixture he has had very good results in the treatment of intertrigo in young children. Calceined magnesia, fifty parts, talc powder one hundred parts, salicylic acid two parts, and five parts of any olo-balsamic mixture. The magnesia should be employed in a state of very fine powder. This mixture has been also found of value in treatment of the ecthyma and eczema which develop soon after birth.

PULSATIONS OF THE LIVER.—Dr. Drummond (Dublin Journal of Medical Science, November, 1881) claims that pulsations of the liver are of much diagnostic importance in tricuspid regurgitation or heart murmurs. He claims that this phenomenon is due to the regurgitation of blood through the vena cava inferior into the hepatic venous branches. The cardiac impulse against the liver is not without influence in producing pulsation.

NEW METHOD OF HYSTERECTOMY.—An Ohio expert testified in a murder trial that "death resulted from extirpation of the womb, which might have been caused by the injection of strychnia by means of hypodermic instruments." This is a way of performing hysterectomy hitherto unknown to the medical profession.

HOMŒOPATHY.—The St. Louis Medical Society has been considering the question of amending their code so as to permit consultation with homœopathists. The majority of a committee reported that the change ought to be made soon, but not just yet. The minority favored immediate action.

DR. A. Vaughn, of Amherst, Virginia, died March 3, 1882, from an over dose of chloroform taken to relieve toothache.

DR. ADALBERT DUCHEK, Professor of Clinical Medicine in the University of Vienna, died March 3, 1882.

LOCAL.

CHICAGO MEDICAL COLLEGE.

The twenty-third annual commencement of this college was held March 28, 1882, at Central Music Hall. The graduating class numbered about forty. The Rev. Joseph Cummings, President of the Northwestern University, opened the proceedings with prayer. The report of the Secretary of the Faculty, Dr. W. E. Quine, was then read. The award of certificates to undergraduate classes and for special work in the hospital and dispensary, together with the award of prizes had been made in the college during the afternoon. The degrees were conferred by Dr. Cummings. The charge to the graduating class was made by Dr. N. S. Davis, Dean of the Faculty, his remarks being well-timed and well received. The class valedictory was delivered by Dr. Elbert Wing, and was appropriate and witty. Dr. H. A. Johnson delivered an elaborate and exhaustive valedictory address. After the close of the exercises the students, to the number of two hundred, and several prominent invited guests, attended a dinner at the Palmer House, tendered the graduates by the members of the College Faculty. Among the invited guests were Drs. D. C. Stillians, R. Tilley, B. R. Van Doozer, George F. Nealey, J. G. Kiernan, C. W. Earle, F. M. Wilder, T. J. Bluthardt, Norman Bridge, and J. B. Boyer. The members of the Faculty present were Drs. N. S. Davis, S. J. Jones, J. H. Hollister, H. A. Johnson, R. N. Isham, Edmund Andrews, Lester Curtis, E. W. Jenks, H. Gradle, and W. E. Quine. After two hours spent in the customary social festivities, a brief programme of toasts and responses was performed. The following were the sentiments and the responses: "Alma Mater," response by Dr. Edwards, of the Northwestern University, which was strongly pro-occidental and nativistic in tone. The "Country Doctor" response by Dr. G. Wheeler Jones, of Danville, who made a trite, pithy allusion to the life of the country physician, and strong-

ly denounced the invidious cant which presented him as an aberrant member of the profession. The toast to the "Returned Member" response by Dr. J. E. Owens. The toast to the "Last One," response in a humorous manner, by Dr. Goddard, of the class of '82. Dr. N. S. Davis made the response to the last toast "The Newly Fledged," in an address full of dry humor.

BIOLOGICAL SOCIETY.

The regular meeting of the Biological Society was held March 5, at the Tremont. A paper was read by Mr. E. B. Stuart on "The Nature and Affinities of Certain Fungoid Growths." Mr. Stuart had given his attention to the fungi found in certain alkaloids; he exhibited a specimen of fungoid growth on the slide, of a microscope magnifying some two hundred diameters. At the conclusion of the paper remarks were made on the discovery of fungi in their disease-breeding capacity, and the localities in the organism affected by them.

CHICAGO MEDICAL SOCIETY.

The following resolutions were adopted at the March 20, 1882 meeting of this society: "Whereas Alexander Fisher, M. D., an honorable eminent and efficient fellow of this society in the ripeness of his years and after a long and successful practice of medicine and surgery, has been called to his reward in another stage of existence, where pain is unknown and the weary are at rest." Be it resolved that, "While we recognize the fiat of our Heavenly Father in removing our friend and fellow from our midst, as the inevitable destiny of man; it is yet with sorrow we remember we shall see his face no more, nor listen again to his voice in the councils of this society." Resolved "That these resolutions be presented to the family of the deceased with expressions of sympathy and sorrow."

THE CHICAGO PATHOLOGICAL SOCIETY met March 27, at eight o'clock, at 533 West Adams Street. Dr. Norman Bridge gave a discourse on California as a health resort, which was followed by a general discussion of the subject.

ORIGINAL CONTRIBUTIONS.

*RAPID DISAPPEARANCE OF SYMPTOMS OF PROGRESSIVE PARESIS.**A Brief Record for Therapeutic Purposes.*

BY C. H. HUGHES, M. D., ST. LOUIS,

Late Superintendent and Physician Missouri State Lunatic Asylum, Lecturer on Psychiatry and Neurology in Post Graduate Faculty of St. Louis Medical College, Honorary Member British Medical-Psychological Association, Editor, of the *Alienist and Neurologist*, etc.

On February 24 there was brought to me from a city in Kansas, accompanied by his brother, his wife, his physician and a friend, Mr. C., aged forty-seven years, a leading citizen of the aforementioned State, by occupation a banker and dealer in real estate. On his arrival, and for several days before, he was in a high state of grandiose delirium. The train on which he traveled, was, in his morbid fancy, a special train placed by him at the disposal of his party; the hotel to which he went was entirely at his and their disposal during their brief stoppage while en route to the East, where he was to meet Gould, Vanderbilt and other financial confrères. On his way here he indited and dispatched important (?) telegrams from every station to these and other moneyed magnates, and to Grant and other men of influence at Washington. Millions do not limit his wealth. He projects an air line railroad from the Atlantic to the Pacific, to be built out of his own means. The mountains are to be tunneled everywhere, that it may be absolutely straight, and a subsidiary scheme is the bridging of the great lakes of the North. He has hæmorrhoids, and says he formerly had an urethral stricture; aside from this he is "all right," he thinks. At times, however, and for a few moments only, he suspects his friends intend to incarcerate him.

His pulse beats, when excited, are one hundred and twenty per minute; at times about ninety-six and one hundred and eight. He has marked lapses of memory. His speech is voluble, but deliberate. He describes past events in his life with considerable accuracy, save the occasional inability to recall important matters; but everything present or recent he paints in couleur de rose and magnificently. As yet there is no labial paralysis apparently indicated in his speech. He cannot retain his urine long at a time; if not micturated every hour or two, it passes involuntarily.

He walks like one somewhat intoxicated or ataxic, is not physically strong, and is inclined to sit a great deal. His tout ensemble, of speech and gesture, makes the impression on bystanders that he is under the excitant influence of liquor. He is sleepless, restless, indifferent to food, and, contrary to his usual habits, would drink and smoke a good deal, if allowed. Dr. Ira Russell, visiting me en route from Denver, concurred in the view that he is in the early stage of progressive paresis.

There is a precursory pathological stage in this formidable and hopeless malady, as we generally see it, when the pathological condition has not passed far beyond that of vascular disturbance in the cortex surface and arachnoid and some of its minor results, in structural change.

If we could always see it in this stage, we might effect some cures of cases that are beyond hope we see them. It is fortunate for the individual afflicted with this disease if, in the very beginning of his malady, he attract our attention, and his earliest symptoms are pronounced enough to excite his friends to prompt and decisive action, and his medical adviser to vigorous and effective medical treatment.

In the case now under consideration, sixty grain doses of kalium bromide, *ter in die*, in large quantities of peppermint water were given and half drachm doses of *Tr. digitalis* twice daily, and at bed time, a dose, two drachms, of the bromidia compound (*R. Chloral Hydrat*, gr. xxx; *Kali Bromid.*, gr. xxx; *Ext. Cannabis Indica*, gr. ss; *Ext. Hyoscyam.*, gr. ss.), with appropriate medication for his bowels and hæmorrhoids, and such other treatment for special indications, as they arose, or suggested themselves to Dr. Lutz, the surgeon in charge of the hospital whither he was sent.

Six days after the beginning of treatment the patient realized that he had been "out of his mind," that his worldly assets do not exceed some thousands of dollars, and, for economy's sake, his medical attendant is dismissed.

Hoping against the experience of the past in similar but more chronic and less tractable cases, that the mental disturbance may not recur, I make this brief record of a case of less than a month's duration, that its therapeutic management may be further attested by other experiences, and the views set forth as to the possible early condition may be fully criticised. If no return of the head symptoms occur, will it be re-

garded as the disease of Delaye, Bayle and Calmeil, or as only a cerebral condition simulating it? There is no history of neuropathic heredity. It has been characterized as prodromal general paralysis, and I shall expect the symptoms, when over mental strain again comes upon the patient, to recur more markedly.

Since the above was written the patient has escaped from the asylum, and claims that he does not now need asylum treatment, though, he says, he will go back for a week. He has been without treatment for two days, and it may be expected that under the injudicious management of his friends, he will soon become again wildly excited, and drift into the current of his manifest destiny; so difficult is it to convince friends that the once strong-minded, so soon restored to an appearance of sanity, can again be overthrown.

The case may be regarded as one of congestive mania,* as described by the French authors, or the hypomania of Mendel;** but it seems to me the evidence was sufficient to demarcate it from both these types, and to place it among the cases of progressive paresis.

ACUTE PLASTIC BRONCHITIS.

BY M. J. MADIGAN, M. D., BROOKLYN, N. Y.

This affection, known also as fibrinous bronchitis or bronchial croup, is one of the rare diseases of the respiratory organs. So rare, in fact, as to justify and even entail upon every physician the duty of reporting every case which comes under his observation. Of this disease there have been thus far reported, as far as I have been able to find, one hundred cases, of which twenty-six have been reported in the United States. Three only of the latter have been the acute type. Of these, two reported by Dr. Kiernan,† were aged respectively four and thirty, and both recovered. Dr. Kingsley‡ has reported one case in a child, aged five. The patient died after a two weeks illness. To these three I am able to add a fourth. T. P., aged thirty-two, a workhouse man, applied to me at the dispensary of the New York City Asylum for the Insane, Wards Island, for treatment. He complained of a paroxysmal cough, but had no expectoration. He had a temperature of 100° F.

and a rather increased percussion sound over the left apex. Three days after, the patient began to spit up bronchial casts. The longest piece was about an inch long, with a stem at least a third of an inch. These casts were hollow and filled with air and mucus. There were excrescences on their surfaces at irregular intervals. The first symptom noticed by the patient was a severe chill, which was followed by epistaxis. His ancestral history was bad. The father, grandfather and an uncle had died of phthisis. One sister had hydrocephalus, and one was insane. He himself had had syphilis. Just before the patient expectorated the casts his temperature rose to 101°, but other than there being present great dyspnoea, he was not markedly affected constitutionally. He was dry cupped over the left apex and ordered potassium iodide, squills, eupatoria and carbonate of ammonia. The respiratory murmur which had been absent over the left apex began, soon after the expectoration of the casts, to appear suddenly in patches. Two days after the beginning of treatment there was an abundance of large mucous rôles to be heard over the left apex. The disease lasted, from its inception till recovery, ten days. At this age the disease is not so uncommon as at the ages reported by Kiernan* and Kingsley†. According to Rûgel‡ the disease is most unfrequent between the ages of one and ten years.

As to its etiology little can be educed, it generally occurs in patients having some dyscrasia acquired or inherited, and for this reason I am inclined to agree with Dr. Engelmann§ that it is not properly a disease *suigeneris*, but a local expression of a constitutional condition, that is, a bronchitis which takes on this peculiar exudation in consequence of the patient's constitution. As to treatment little can be said. Good results seem to have followed the use of iodide of potassium, but great stress cannot be laid upon this, since the two cases reported by Kiernan and my own case are the only ones which have recovered.

A French proverb says, "it is the unexpected which always happens," and in view of the particular truth of this in medicine this case is reported.

309 Halsey Street.

* Op. cit.

† Op. cit.

‡ Zeimssen's Cyclopædia. Vol. IV., page 443.

§ St. Louis Courier of Medicine. Vol. VII., page 275.

*Lemaestre, *Annales Medico-Psychologiques*, March, 1881.

**Die Manie, Berlin, 1881.

‡ Gaillard's Medical Journal. Vol. I., page 480.

† St. Louis Courier of Medicine. Vol. VII., page 239.

BROMINE AS A DISINFECTANT.

BY DR. H. S. TAFT, MARQUETTE, MICHIGAN.

During the winter of 1862-63 I was inspector of hospitals at Louisville, Kentucky. Knowing that there was to be a general engagement below Nashville in the latter part of December, I was ordered to make as much hospital room as possible. There were at that time but five patients in the small-pox hospital. Having sent them to the city pest house, I proceeded to clean up the house preparatory to using it for a measles hospital. Amongst the bedding were four pairs of blankets that looked clean, having been used on the small-pox patients but a short time. These were hung on lines in a room and fumigated with bromine one part, alcohol twelve parts, put in plates and allowed to evaporate in the room, renewing it every day. After fumigating one week the blankets were aired and then used on other patients and no one contracted small-pox from them. During the winter of 1873-'74 when I attended twenty-two cases of variola, I wore an overcoat during my visits and kept it on in the rooms. This overcoat was kept thoroughly fumigated with bromine during that winter, and some time after given to a poor man, who wore it for two years, and no one contracted the disease from it. I have taken clothing supposed to be infected with small-pox, fumigated it and returned it to the owners, and in none of the cases has the disease been contracted from it. I have also used bromine as a disinfectant in scarlet fever. In two instances I have attended fatal cases of malignant scarlet fever, and then attended four other children who had not had the disease, and none of them took it. These cases would lead me to infer that in bromine we have a disinfectant of far greater powers than many now in use, and one which has been much neglected.

FEMALE MEDICAL STUDENTS.—The governing board of Harvard College has voted that it was not advisable for the University to give any assurance, or hold out any encouragement, that it will undertake the medical education of women by Harvard College in its medical school.

THE Illinois State Medical Society will hold its annual meeting on the third Tuesday in May at Quincy.

CORRESPONDENCE.

FOOD DETERIORATION—MEDICAL PRACTICE ACT—NEUROLOGICAL AND MEDICO-LEGAL SOCIETIES.

NEW YORK, April 10, 1882.

The subject of food deterioration as involved in the use of drawn or undrawn poultry has been discussed in the following somewhat exceptional manner for a sanitarian, by Dr. R. S. Tracy, in a recent report to the Board of Health of that city: "I believe all sanitary authorities agree in the statement that partly decomposed meat is not necessarily unwholesome. It is to be remembered that absolutely fresh meat is not considered palatable by any one. Meat must always be kept for a time until it becomes tender; or in other words, until decomposition has proceeded far enough to render the fibrous portions softer, and to destroy the first effect of coagulation of the myosin, but before the alkaline changes begin. In some kinds of game decomposition is allowed to go beyond this point, and the flesh must be 'high' before it is acceptable to the epicure. Meat greatly decomposed, and even the flesh of diseased animals, has often been eaten with impunity. In Scotland numbers of sheep die annually of the braxy, a diarrhoeal disease, and the braxy mutton is always eaten by the shepherd's family. During the siege of Paris in 1871, immense quantities of unsound meat were eaten, and during the rinderpest in England in 1863 an enormous number of sick cattle were slaughtered and used for food with no injurious results. The Chinese are said to be exceedingly fond of rotten eggs, and the Zulus are so fond of putrid meat that they call it 'ubomi,' a term which means superlatively happy." The fallacy of conclusions from such premises has long been shown. At the New York Medico Legal Society the chief matter of medical interest was the proposal made by Surogate Calvin to attempt to substitute for the present absurd system of coroners, the medical examiner system as in vogue in Massachusetts.

The press of this city is much exercised over the new bill permitting only such physicians to practice as shall be examined by the regents of the university of the State. Incidentally the whole subject of medical education is discussed, and the enormous increase of physicians in the United States is much dilated upon. All

Americans who hold foreign diplomas are extensively advertised as so doing. That such discussion will result in good there can be no doubt, and if this bill passes the legislature it will take from the medical colleges the licensing power and restore them to their original function of teaching medicine, not graduating physicians.

NEUROLOGICAL SOCIETY.

The election of Dr. E. C. Spitzka, one of your editorial staff, to the presidency of the New York Neurological Society at its recent meeting of April fourth, is generally regarded as a vindication by the profession of the doctor in regard to his position in the Guiteau trial. It is remarkable what a change has come over both the legal and medical professions in this matter, and it cannot be said that the position held by the "Government experts" in professional opinion is a very enviable one. The Society referred to is certainly to be congratulated on its choice of a presiding officer; active as the Neurological Society has been in the past, its proceedings cannot but gain in interest, under the administration of one of its most energetic members, and one who is, at the present moment, perhaps the most favorably known alienist of scientific standing in the country.

DERMATOLYSIS.

At the Dermatological Clinic of the Medical Department of the University of New York City, Dr. H. G. Piffard presented to the class, Herr Haag, the so-called "India Rubber Man." For comparison a man was exhibited who had a filoma pendulum of the scalp, resulting from hypertrophy of the white connective tissue of the skin. In this disease, wrongly called dermatolysis by some, there is no more than the normal elasticity. The comparison between this case and that of Herr Haag was sufficient to settle their non-identity.

A similar case to that of Herr Haag was described two hundred and twenty-five years ago by Makron, who says: "In 1657 a Spaniard, twenty-five years of age, presented himself at our hospital who could grasp the skin of the right breast or shoulders and stretch it out till it covered his mouth, and a like elasticity existed in other parts of the body."

Other than a more distinct appearance of the small veins, the skin of Herr Haag is in normal in appearance. He has always

known that his skin was apparently looser than that of other persons, and noticed this particularly when a boy. He was drafted for military service, but the surgeon examining him noticed that the skin could be stretched out in broad folds, and, by reason of this abnormality regarded him, as exempt for military service and had him discharged.

The Vienna dermatologists removed a portion of skin from the anterior portion of the arm for microscopical examination, and found that there was no decided change in the skin itself, but there was a decided absence of the subcutaneous fat and cellular tissue which permitted the skin to slide and be stretched over the body. The skin does not stretch to any great extent longitudinally, but transversely or laterally it can be drawn out to five or six times the normal distance, and as soon as the traction is removed the skin returns to its ordinarily normal condition. J.

ASYLUM ROMANCES—HOSPITALS—TUBERCULAR MENINGITIS—RECURRENT TYPHOID—INSANE PHYSICIANS—TREATMENT OF SYPHILIS,

PHILADELPHIA, April 11, 1882.

There has been quite a tempest in a teapot over the death of a patient in Dr. Kirkbride's Asylum, who had been previously treated in a private institution for the insane, which is under the management of Dr. Livingston, formerly of the Utica Asylum. To the treatment received in this institution her death is ascribed. The case was one of melancholia, and a very hysterical and sentimental attendant considered the patient sane. This being the case the attendant of course looked upon all complaints as the result of ill treatment. This attendant tells the following story: "Hypodermic injections of morphia were given to the patient for no other reason than to keep her quiet, although her general bearing was both quiet and ladylike. I have seen Dr. Clifford catch her roughly by the arm and turn up her sleeve, and plunge the syringe into the quivering flesh. I could not conceive that such cruelty was possible to a human creature until I witnessed it. The flesh in the patient's arm during these operations was turned up in knots, and caused her extreme pain. She naturally protested against Dr. Clifford's harshness, and the pain she suffered caused

her to cry out. At such times Dr. Clifford would desire me to put my hand over her mouth and subdue her shrieks, but this I always refused to do. The rate charged for her care was less than for some of the other patients, because she was provided with one of the worst rooms in the house and had the least suitable accommodations. She was a cripple, but was housed at the very top of the building, which is three stories in height. Her room was small and meanly furnished. The floor was uncarpeted, and was covered only in the center by a small piece of cocoa matting. I have heard the poor lady very often bemoan her lot, and cry out because of her miserable surroundings."

It will be obvious that there is no necessary falsehood in this account. It is the description of an ordinary hypodermic injection as described by an ignorant person who believed a melancholiac sane, and did not recognize that her complaints were the result of disease, and did not know that morphia was an agent of value in the treatment of melancholia, not from its quieting powers but from its producing psychical phenomena opposite to those of melancholia. Through such hysterical stories much harm is done, and these are listened to when abuses of a demonstrable kind pass unheeded. The story of the attendant certainly shows that care was not used in the selection of attendants, for people of such limited intelligence are unfit for attendants.

HOSPITALS.

At the Pennsylvania Hospital Dr. J. H. Hutchinson recently had under observation a case of tubercular meningitis coming suddenly on in a man aged twenty-five. He also had, in the same hospital, a case of recurrent typhoid. The patient apparently convalescing and relapsing twice in succession. At the same hospital, Dr. R. J. Levis had under observation a boy who had an enlargement of the lower extremities, which was at first diagnosed as elephantiasis, but was finally regarded as an inflammatory hypertrophy of both legs due to interference with the lymphatics, blood vessels, and nerves, produced by syphilitic ostitis. This ostitis chiefly affected the ends of both femurs and the upper portion of the tibia exerting in consequence great pressure on the popliteal space. After applying the Esmarch bandage, a point at the lower third of thigh, was chosen for amputation on both legs. The resulting

stumps were washed well with carbolic acid (one-fortieth) solutions. After which all vessels were ligated with carbolized catgut and the stumps dressed with carbolized cosmoline.

A remarkable case, in some particulars resembling Dr. Lamson's, is under investigation here by the coroner. Dr. T. H. Griffin, a young man of good family, was in a saloon a few days ago, when he heard that a poor woman was sick near by. He went to her house without invitation, and according to the testimony given to-day administered enough atropia and digitalis to kill a regiment. He also gave her an eighth of a grain of morphia. The woman died before Griffin had time to get out of the house. He is under \$5,000 bail to answer to the charge of malpractice. The inquest has been adjourned in order to await the result of a chemical analysis of the woman's stomach. Griffin's parents say that he is accustomed to use morphia, and is mentally unsound.

At the Philadelphia County Society there was a very general discussion of the treatment of syphilis which showed what diverse opinions the profession has on the subject.

G.

KENTUCKY STATE MEDICAL SOCIETY.

LOUISVILLE April 10, 1882.

The State Medical Society of Kentucky commenced its sessions April 5, in the rooms of the Polytechnic Society, with a very large attendance. Dr. J. W. Holland, President of the Society, called the meeting to order. Dr. L. S. McMurtry, Permanent Secretary, moved that the reading of the minutes be dispensed with, which was carried, and the next business in order was the report of the Committee of Arrangements, which was made by Dr. Dudley S. Reynolds, Chairman of the Committee. The report of the Committee of Arrangements was received, and Dr. McMurtry, Secretary, submitted his report. The President then announced the following Committee of Nominations: D. W. Yandell, J. Knapp, F. C. Wilson, Greenley, of Jefferson county; Alcorn, of Lincoln; Dunlap, of Boyle; A. D. Price, of Mercer; Moore, of Marion; Baker, of Shelby; Todd, of Daviess; Coffman, of Scott; Shirley, of Clarke; Dulaney, of Kenton; Simrall, of Montgomery; Powell, of Henderson; Bailey, of Logan; Letcher, of Madison; T. D. Williams, of Washington; Fuqua, of Christian; Wagner, of Jessamine; Rhodes, of Muhlenberg. The

address of the President, Dr. Holland, was then delivered. It was a long and elaborate one, and was listened to attentively. The substance is as follows: "Gentlemen: The auspicious opening of our present session is a matter for special congratulation, as the innovations inaugurated to-day have been attended with certain risks incidental to the transition period. In the development of society the tribe is first nomadic. When tents are discarded for houses of wood and stone a great advance has been made in the arts of life. From the state of dependence upon the chance favors of nature to be sought by periodical migrations, man has passed into that higher one of dependence upon his own shift and the products of his toil. If hereafter the society should languish from too sedentary a life in the city, we can take to the road again at any time, like holy pilgrims, sure of a welcome because of the blessings we bring with us. For the present, let us enjoy the good things about us."

He then spoke of the report of Dr. Henry Miller, in which he presented for the first time the use of anesthetics in labor. He dwelt with earnestness upon the great benefits arising from the practice advocated by Dr. Miller and how it was now generally carried out. He next spoke at some length upon the necessity of vital statistics. Since 1851 the different medical societies in the country have been working upon the Legislatures to devise some method of collecting the vital statistics, which should be uniform over the whole country. There is no need to argue the value of statistics for sanitary science, nor does any intelligent law-maker need to be told that political science without them is no science at all. Medical education and regulation of the practice of medicine were the next subjects upon which he touched and spoke at some length upon the necessity of providing some means to rid the profession of quacks.

"Within the year the mortuary reports of Louisville have several times quoted 'delicacy' as the cause of death."

Dr. Holland then spoke of the "Code of Ethics," which was the first publication made by the society. The New York State Society, at the last meeting, reported another code of ethics which they thought better than the first one of the Society. Whether this be the case or not is yet to be determined, and although much has been said in the medical press about the matter, no conclusion has been reached. After

paying a high tribute to the physicians of England, especially the Royal College of Physicians of London, for their action on the subject, he concluded his address as follows: "The oft-heard charge that we persecute for opinion's sake is squarely met and refuted in the preamble, which implies that there is no body of doctrine, no orthodoxy in therapeutics, every one being free to think and prescribe as he pleases. Recognizing the fact that a doctor cultivates a science which aims not only to cure a disease, but also to tell what and where the disease is and what is its probable course, it expresses the view that to announce one's self not simply as a physician, but one who limits himself to the use of certain rules in curing is a trick of trade appealing to the ignorance or prejudice of the laity, and unworthy the free spirit of science. For a doctor to make by specific designation a public claim to the possession of special and superior knowledge in curing is to make a stand toward other doctors which is, to say the least, unmannerly."

"There is small hazard in the conjecture that this society will take the stand that we wrong ourselves, and worse still, wrong society by countenancing these pretensions. Surely we shall find it one of our limitations that if we open our doors to those whose conduct has been under our reprobation for thirty years, and who have expressed no intention of turning from their reprehensible course, then the cement of mutual confidence and esteem will crumble away and disintegration sooner or later ensue. The forty gentlemen who organized this society had in view the promotion of the honor of the profession, and crediting them with unusual zeal in taking that first step let us be guided by the precepts they then indorsed, and fired by the examples they have since furnished us."

Dr. W. O. Roberts then read a rather lengthy but valuable paper on the "Progress of Surgery," devoted to the new features and operations which has been introduced in surgery.

The following officers were then chosen for the ensuing year. President: Dr. Ansell Price, Harrodsburg. Senior Vice-President: Dr. J. R. Baily, Logan County. Junior Vice-President: T. D. Williams, Washington County. Permanent Secretary: L. S. McMurty, Louisville. Assistant Secretary: S. M. Letcher, Richmond. Treasurer: E. Allcorn. Librarian: L. C. Wagner. Board of Censors: C. H. Todd,

Owensboro; W. M. Fuqua, Hopkinsville; W. W. Cleaver, Lebanon. Louisville was selected as the next place of meeting. The next paper was on "Typhoid Fever in Lincoln County in 1881," by Dr. E. Alcorn, of Hustonville. Dr. Wathen read a paper on the question of the Cæsarean section and the value of the operation as well as its safety. He strongly advocated the operation, and gave statistics showing that in a large per cent. of the cases reported, the patients were restored by the operation. At the conclusion of the paper Dr. D. W. Yandell made a few remarks on the subject, and differed widely from Dr. Wathen as to the value of the operation. The reason that a large per cent. of the American cases were successful was because none of the unsuccessful ones are reported, the statistics showing that a majority of the patients, instead of recovering, die. The question of attempting to perform this operation, unless the operator was in the habit of performing it and knew just what to do, is a serious one, and although it would not hurt the surgeon much, it might prove fatal to the woman.

Dr. M. T. Coomes, of Louisville, read a paper on "Color-Blindness." Color-blindness may be congenital or acquired. The humors of the eyes of persons who are color-blind do not differ in any manner from those of persons who possess the normal color sense. Whether color-blindness is caused by some defect in the recipient organ, the retina, or the perceptive organ, the brain, or both, is not yet decided.

Danger might result from a sudden loss of the chromatic sense. If this should occur in the person of a railroad engineer during his run and he should fail to perceive it, the result is apparent. He is liable to mistake a red signal for a yellow, green or drab one, and, indeed, may never see it at all. Hence every individual who travels by rail or water is interested in the person who manages the engine that propels the conveyance that carries him. Congenital color-blindness may be relieved in some cases by a systematic course of training, *i. e.*, by having the subject observe the colors regularly every day. Some of the acquired forms may also be relieved by medicines. The methods of determining color-blindness are by matching worsteds, and by means of lanterns such as are employed by railroads and steamboats. Here is an instrument which I have devised for the purpose. It is constructed in such a

manner as to represent eight lanterns; one red, one green, one yellow, one blue, one white, and the remaining three variegated. These are made to revolve at the will of the examiner, by simply pulling a cord. The subject is requested to name the different colored lights presented. When his answers are noted and recorded, thus showing their correctness or falsity. In making the worsted test, the individual to be examined is given a single piece, say red, and requested to select from a variety of colors those which match it, when his mistakes, if he should make any, will at once determine the nature of his defect. This is the Holmgren method. In order to make the test thorough, the two methods must be combined, because red worsteds are recognized in daylight by some individuals, and actually matched, while the same person will fail to recognize a red lantern by night, *i. e.*, he will call it violet or crimson.

Dr. Greenley, of Jefferson County, read a paper on "Fasting," and cited a case of his own, very similar to the Mollie Fancher case. This was the case of Miss Triplett, of Hardin county, this State. She was the daughter of respectable parents, and, as far as can be learned, possessed of good family history on both sides, there being no constitutional disease, either hereditary or acquired. At her decease she was twenty-seven years old; was a healthy child, and ordinarily sprightly up to her fifteenth year. She then became affected with epilepsy, the seizures being frequently repeated, both day and night. Within two years after she became thus affected, her mental faculties were much involved, and became more and more impaired until she was a mere mental imbecile, not manifesting as much mind as a child a year old. At this time, two years ago, she took to her bed and remained there up to the time of her death, which occurred on the first day of March the present year. During this time she was, it might be said, almost unconscious, really not possessing as much instinct as the lower animals. She barely, by the least manifestations possible, recognized even the presence of her parents, and never indicated to them, by any signs, the urgency of the calls of nature, but passed the contents of the bowels and bladder in the bed.

It might be inferred from the history of the case that the epilepsy may have been due to derangement or retardation of the menstrual function, coming on as it did, about the period of puberty; but this was

not the case, as that function had been established previously, and regularly maintained within two years of her death. It is useless to say that she had the advantage of medical treatment for years, her parents having expended a great deal of money in her behalf, but with little effect.

"On the sixth day of December she refused to eat, and continued to persist in this refusal (with the exception of a little milk and a few pieces of canned peaches) up to the time of her death. Her parents assured Dr. Greenley, and they are of undoubted veracity, that she did not take into her stomach after the sixth day of December, for a period of eighty-five days, more than a quart of milk and a tumbler of canned peaches. It was with some difficulty that she could be induced to take a little water, only a few swallows a day. This case, I think, furnishes evidence of the longest fast we have on record, but it is very probable in her case that the time which she was enabled to live without food was greatly prolonged on account of her imbecility." After enumerating numerous other instances and cases, the doctor concluded his interesting paper with the following conclusions: First: That man possesses the capacity of fasting, without any specially deleterious effects, a much longer time than was formerly thought possible for him to endure. Second: That the protracted abstinence from food by Dr. Tanner and Mr. Griscom have convinced the world (or at least should do so) that the fasts practiced in ancient times, as cited in the Bible, were not necessarily miraculous in their character or sustained by Divine influence. Third: That those who have heretofore been skeptical as to the truthfulness of said scriptural statement will now, perhaps, have their incredulity removed. Fourth: That the man who possesses the most adipose tissue, other things being equal, is enabled to abstain from food longer than his fellow possessing less of that material. Fifth: That quietude, both of mind and body, adds very materially to the ability to protract the fast. Sixth: That the inferior animals, especially the pig, possesses greater endurance in this respect than man; and Seventh: That this power of endurance depends, in a great measure, on the fact that in the hog there is no mental action. Hence the greater ability possessed by the imbecile to fast than those whose mental faculties are in a normal condition.

These views are rather peculiar, and show considerable credulity, and do not show the scientific accuracy required from a paper of this character. The persons allowing this girl to perish from starvation should have been indicted for manslaughter.

The next paper "A Report on Dermatology," was read by Dr. L. P. Yandell. The origin of most dermatoses he believed to be constitutional, instead of local, as is generally thought. In treating ichthyosis and psoriasis he pursued the same course of treatment as in phthisis, and had known a number of cases to get well by this means. He believed that the causes of disease were very few and the effects many. At the conclusion of Dr. Yandell's paper there was considerable discussion, and a number of opinions were advanced and advocated, the majority, however, siding with the views of the paper.

Dr. J. M. Matthews read a short paper on "Treatment in Stricture of the Rectum," in which he advanced a number of ideas obtained from his practice, and gave a short history of a number of cases. The paper was discussed by Dr. E. J. Von Donhoff.

Dr. S. J. Rhodes, of South Carrollton, then read a short paper on "Iodide of Potassium in Recurring Attacks of Pneumonia." He advocated strongly the use of the drug, and cited cases from his experience. When the paper was concluded, Drs J. A. Larrabee and L. P. Yandell made a few remarks in accordance with the views laid down in the paper.

Dr. A. M. Vance, of Louisville, next read a paper entitled "Some Practical Suggestions in the Treatment of Spinal Cases." Before reading the paper, Dr. Vance presented a small negro child, which had been operated on for crookedness of the legs. Both legs of the child had been very crooked, as was shown by photographs taken at the time, and were broken near the knees, then fixed in plaster of Paris splints until they became sound. When shown the limbs had become well and were almost perfectly straight. The last paper read before the society was on "The Carcinomatous Metamorphosis," by Dr. A. W. Johnston, of Danville. The paper gave the history of a number of cases which came under the author's supervision in the past. After further business of local importance only, and not specially of interest to non members, the Society adjourned.

REVIEWS.

THE STUDY OF TRANCE AND MUSCLE READING and Allied Nervous Phenomena. By George M. Beard, M. D., New York, 1882.

This is simply an exposé of the well known views of Dr. Beard on Trance. There is nothing new added by him to the views expressed in the *Journal of Nervous and Mental Disease*, January, 1877. The alleged case of trance lethargy seems to have been a badly observed case of katonnia, which had a lucid interval. Dr. Beard's defense of Dr. Charcot is simply a defense of himself over Dr. Charcot's shoulders. While Dr. Beard is right in claiming that the immoral character of trance subjects is not an absolute disproof of the reality of the phenomena furnished by them, still it is a means by which a large element of error can enter into experiments, and which is not easily eliminated.

A CLINICAL HANDBOOK ON THE DISEASES OF WOMEN. By W. Symington Brown, M. D., member of the Gynæcological Society of Boston, etc. New York: Wm. Wood & Co., 1882; W. T. Keener, Chicago.

The preface opens with the words: "This little book does not claim to be a treatise." Then follows the remark that it is "for the use of medical students and country practitioners." If this means anything it means that, in the author's mind at least, "medical students and country practitioners" do not require a treatise. An examination of the book shows that it is, decidedly, "not a treatise." It gives the impression which one would get in reading the notes of a medical student which had been hurriedly taken from college lectures on gynæcology. Viewed from this standpoint they would appear moderately creditable to the student but not to the lecturer, because one who assumes to teach should really do better work than this. The book is a meagre abstract of the literature of some of the subjects of gynæcology, and appears to have been compiled with special reference to the mere mention of these subjects, probably because the "medical student" and country practitioner needs to know that there are such subjects. The little that is said under the various headings shows neither great experience nor much discrimination.

"medical students" and "country practitioners" are usually too much engaged in important affairs to be in danger of wasting their time in the reading of works which "are not treatises." Two facts present themselves in conclusion: First: It really does take some brains to study medicine and practice in the country. Second: "'Tis pleasant, sure, to see one's name in print. A book's a book although there's nothing i'nt."

MARRIAGE AND PARENTAGE, and the Sanitary and Physiological Laws for the Production of Children of Finer Health and Greater Ability. By a Physician and Sanitarian. New York: M. L. Holbrook & Co., 1882.

This an amusing farrago of scientific data and æsthetic fancies. It is an attempt to bring into practice the theory that vice and disease may be extinguished by proper attention to the production of children. The book is well written, and does not show that pandering to the taste for lutricity so common a feature of popular medical works. It attempts to strongly enunciate the theory that mental agencies exert a very strong influence on the mind of the mother during gestation. The majority of the facts cited strongly support this well established theory. Some of them are amusing attempts to bring into relation remote causes and effects. Thus, a mother having read Homer during pregnancy, the child when born strongly resembled Achille in restlessness. The book is written for the public, and is likely to do good and not harm. It has been very well issued by the publishers.

INDEX OF SURGERY; being a Concise Classification of the Main Facts and Theories of Surgery for the Use of Senior Students and Others. By C. B. Keetley, F. R. C. S. New York: William Wood & Co., 1882; W. T. Keener, Chicago.

The same, published by Bermingham & Co., New York, 1882.

These are two editions of the same work, and before proceeding to consider their merits it were best to examine the work itself. The book is intended chiefly for the senior student of the English colleges after he has carefully studied a complete text-book of surgery. It is a species of work likely to be useful not only to the student but to the general practitioner when confronted by possible emergencies.

The book has been carefully compiled. The classification is simple and easily comprehensible. The two editions are printed on almost equally bad paper; the Birmingham edition being in this respect slightly the superior. The type of the Birmingham edition is also somewhat the best. The Wood edition is somewhat fuller than the Birmingham edition; the latter being slightly condensed. The Wood edition also contains an index of authors cited, which is wanting in the Birmingham. Whether these are blemishes may be left to the reader's judgment.

MARINE HOSPITAL SERVICE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service from January 1, 1882, to March 1, 1882.

Bailhache, P. H., Surgeon. To proceed to Richmond, Va., as inspector. January 31, 1882.

Vansant, John, Surgeon. Detailed as president Board Survey physical examination of officer of the Revenue Marine Service. March 18, 1882.

Wyman, Walter, Surgeon. When relieved by Surgeon Austin, to proceed to Baltimore, Md., and assume charge of the Service at that port. March 4, 1882.

Fessenden, C. S. D., Surgeon. To proceed to Greenport and Sag Harbor, New York, as Inspector. January 26, 1882.

Detailed as president Board of Survey for the physical examination of pilot, to meet at Boston, Mass., February 16, 1882. February 7, 1882.

Purviance, George, Surgeon. To proceed to Gloucester, Mass., to extend relief to shipwrecked seamen. January 12, 1882.

Detailed as recorder Board of Survey for the physical examination of pilot, to meet at Boston, Mass., February 16, 1882. February 7, 1882.

Austin, H. W., Surgeon. To proceed to Cincinnati, Ohio, and assume charge of the Service at that port, relieving Surgeon Wyman. March 4, 1882.

Godfrey, John, Passed Asst. Surgeon. When relieved by Passed Asst. Surgeon Goldsborough, to proceed to New Orleans, La., and assume charge of the Service at that port. March 4, 1882.

Goldsborough, C. B., Passed Asst. Surgeon. When relieved by Surgeon Wyman, to proceed to Mobile, Ala., and assume charge of the Service at that port. March 4, 1882.

Granted leave of absence for eight days. March 24, 1882.

Devan, S. C., Assistant Surgeon. Detailed as recorder Board of Survey physical examination of officer of the Revenue Marine Service. March 18, 1882.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from March 12, 1882, to March 28, 1882.

Alexander, R. H., Major and Surgeon. Having reported at these Headquarters, will report to the Commanding Officer, District of New Mexico, Santa Fe, for duty as Attending Surgeon at District Headquarters, and Post Surgeon, Fort Marcy, New Mexico. S. O. 59, Dept. of the Missouri. March 20, 1882.

Brown, H. E., Major and Surgeon. Having reported at these Headquarters, will proceed to Jackson Barracks, La., and report to the Commanding Officer for duty. S. O. 32, Dept. of the South. March 14, 1882.

Tremaine, W. S., Captain and Asst. Surgeon. Assigned to duty at Fort Porter, New York. S. O. 51, Dept. of the East. March 24, 1882.

Dickson, J. M., Captain and Asst. Surgeon. Assigned to duty at Fort Adams, Rhode Island. S. O. 51, Dept. of the East, C. S.

Dickson, J. M., Captain and Asst. Surgeon. So much of Paragraph 2, S. O. 51, C. S., as relates to him is revoked, and he will proceed to Fort McHenry, Md., and report to the Commanding Officer for duty at that post. S. O. 52, Headquarters Dept. of the East. March 25, 1882.

Porter, Joseph Y., Major and Surgeon. Granted leave of absence for one month, with permission to apply for an extension of one month. S. O. 32, C. S., Dept. of the South.

Captain L. M. Mans, Asst. Surgeon, at expiration of his present leave of absence, and then return to his proper station, David's Island, N. Y.

Captains Wm. H. Corburier and Wm. B. Davis, Asst. Surgeons, at the expiration of their present leave of absence, and upon conclusion of their examination, to report by letter to the Surgeon General. S. O. 58, A. G. O. March 13, 1882.

BOOKS AND PAMPHLETS.

Edward Henoeh, M. D., Berlin, Germany. Lectures on Diseases of Children. Wood's Library of Standard Medical Authors. New York: William Wood & Co., 1882; W. T. Keener, Chicago.

Hasket Derby, M. D., Boston, Massachusetts. Anæsthesia and Non-Anæsthesia in the Extraction of Cataract. Reprinted from Boston Medical and Surgical Journal.

Dr. E. Mendel, Berlin, Germany. Neurologisches Centralblatt. Volume One, Number One, 1882.

Drs. Ellis and Ford. Illustrations of Dissections. Wood's Library of Standard Medical Authors. New York: William Wood & Co., 1882; W. T. Keener, Chicago.

W. Symington Brown, M. D., Boston, Massachusetts. Diseases of Women. New York: William Wood & Co., 1882; W. T. Keener, Chicago.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.
EDWARD C. SPITZKA,
Diseases of the Nervous System and of the Mind.
CHRISTIAN FENGER,
Surgery.
E. C. DUDLEY,
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FREEDOM IN CONSULTATIONS.—Under this title the New York Medical Record discusses the relations of the New York State Medical Society to the medical profession of the United States; it patronizingly prepares the New York profession for fatherly admonition on the part of other State Societies, and gives a glowing eulogium of itself as being "the only journal which has assumed the responsibility of being outspoken on the question." The Philadelphia Medical News, on the other hand, claims that the "physicians of the United States are all but unanimous in their opposition to the new doctrine." How the Medical News arrived at the opinion that there was such unanimity it does not state. It may safely be assumed that of the two journals the Medical Record has the largest circulation, and it claims to be endorsed in its course by letters from all over the country. It seems therefore very probable that the Medical Record's course is, as usual, in accord with the current ideas of the profession. There are many curious circumstances connected with the discussion of the subject. There is one thing likely to result from this code which does not seem to have impressed itself on the Medical Record or the Medical News, and that is the tendency which it will have to stop those sporadic conversions from medicine to homœopathy which are from time

to time reported. There are many regularly educated practitioners in the homœopathic ranks who have joined the homœopaths simply to secure large consultation practices or for the temporary éclat that such conversions will give them. Nothing will be gained by such renegadism in future, the influence which such conversions exerted on the minds of the populace will be effectually destroyed, and with it one of the greatest aids to the control which homœopathic ideas exert over the minds of the laity. If the New York code will, as seems likely, prevent such conversions, it will have accomplished great and enduring benefit to the profession.

CONSISTENCY.—A decision of the New York State Medical Society on a much mooted point in medical science was received with great éclat by certain members of the medical press. The scientific alienists of the country were told that the medical profession of the Empire State had spoken, and that they should immediately give way. Many editors of journals informed the world that this well-timed action of the New York Society only carried out what they had been teaching for a long time. This was before the resolution about consultations became generally known. Upon the full bearing of this resolution being perceived the tone of these journals

strangely changed. The Medical Society of New York State became merely a "small collection of fifty doctors," which assumed to dictate to fifty-nine thousand odd physicians of the United States. This shows what in the eyes of many medical journalists is the function of the State Societies. They are not for the purpose of fostering medical science, but to develop and enlarge codes of ethics until they become like the blue laws of Connecticut, burdensome alike to the law enforcer and the law breaker. It is the function of State Societies to decide all scientific questions by a unanimous vote without discussion, and to devote their whole attention to disciplining members. This is the ideal medical society.

SPINAL ACCESSORY SECTION IN TORTICOLLIS.—M. Tillaux (Cincinnati Lancet and Clinic) read a paper with this title before the Paris Academy of Medicine. The patient was a woman aged 32 years, who had been under the care of M. Desnos, and who had diagnosed a functional spasm of the sterno-cleido-mastoid muscle. As soon as the head of the patient was not held, it was turned towards the right shoulder with the chin towards the left. The patient could easily replace the head in the normal position and hold it there with her hands at the same time the pain with which the turning of the head was accompanied, disappeared on the operation's performance.

A MODEL ASYLUM.—Recent investigation of the State Asylum for Insane Emigrants on Ward's Island, New York, which is one of the institutions under the supervision of the State Commissioner in Lunacy (American Journal of Neurology and Psychiatry, February, 1882), revealed a very anomalous condition of affairs. It seems that the investigation was the result of an internecine disturbance, the matron intriguing against the asylum physician, who had reprimanded some of her favorites for neglect of duty. In this instance, fortunately, the dictates of humanity and

common sense triumphed over the political influences which have so often defeated the true purposes of similar investigations; the physician was sustained, and the matron dismissed. The worst feature exposed was the fact that a relative of one of the officials had had a key of the female wards, paid frequent nightly visits, and that this privilege culminated in the adoption of the "increase and multiply" principle on the part of several of the irresponsible patients.

STERILITY IN BOVINE TWINS.—It has been observed (Atlanta Medical Register) that when one of the twins is male and the other female, the latter is always sterile; there being a malformation of the generative organs. The question has been asked, whether the same condition of affairs has been noted in the human race, under similar conditions. The therapeutical editor of the Review can answer this question in the negative so far as his experience goes. For the three such cases of which he has cognizance are all fertile, but of the possibility of a human being a "free martin," as this class of beings is called, there would seem to be but little doubt.

TREATMENT OF BULLET-WOUNDS.—In a report made to the Societe de Chirurgie relative to fractures by pistol balls, (Cincinnati Lancet and Clinic), Dr. Verneuil declares that for ten years he has always abstained from intervention in wounds and fractures produced by firearms, and he has always been fortunate in this abstention. He is altogether of the opinion of those who think that the part in which the wound or fracture is situated should be immobilized as far as possible, and no attempt made to find the missile. In regions where this immobilization can not be affected in a perfect manner, as in the chest or abdomen he applies upon the wound a bit of collodionized gauze, and surrounds the region with a bandage agreeably tightened. Drs. LeDentu, and Chauvel, expressed similar views.

SUPERNUMERARY FINGERS AND TOES.—Dr. Clement Lucas (Guy's Hospital Reports) has recently reported the history of a family where this abnormality was traceable for five generations back to the great-great-grandmother of the man whose children were brought for treatment. The tendency was transmitted through males and females, to twenty-four out of eighty of the descendants of the great-great-grandmother of this man.

THE EYES IN HYSTERO-EPILEPSY.—In a late communication Dr. Féré (Louisville Medical News) mentioned some facts concerning various phenomena observable in the eyes of hystero-epileptics. Pressure on the ovaries, he says, modifies the dimensions of the pupil materially. As a result of numerous observations he found that whenever the field of vision is permanently lessened, or when the patient is color-blind, there will also be absence of sensibility in the conjunctiva and in the cornea.

OOPHORECTOMY IN INTERMENSTRUAL PAIN.—An interesting and instructive case is recorded by Fehling (Archiv für Gynäkologie.) The patient was aged thirty-one, married for eight years, but sterile. Menstruation was painless, but the patient suffered from severe pain, which came on from fourteen to sixteen days after one menstrual period, and lasted till three days before the beginning of the next. The cervix uteri had been incised and dilated, the uterus had been depleted, the patient had tried one of the bath cures, but without benefit. She had had an attack of scarlet fever, during which the pain was connected with the maturation of Graafian follicles, and therefore spaying was advised, Dr. Hegar concurring with Dr. Fehling. The operation was performed in June, 1880, both ovaries being completely removed. The patient recovered. The ovaries possess an unusually tough and hard tunica albuginea, and the number of follicles was unusually small; but macroscopic and mi-

croscopic examination failed to detect anything else abnormal about them. The patient left the hospital four weeks after the operation, and remained well for six or eight weeks later. Then the pains began to return, and soon became as bad as ever. Hæmorrhage similar to that of menstruation also recurred. The patient, therefore, was not benefited by losing her ovaries. This case shows the necessity for caution before assuming that benefit immediately following extirpation of the ovaries will be permanent. Only in cases which have been watched for a long time can it be safely said whether they have been cured or not.

LOCALIZED SEGMENTAL CARDIAC DISTURBANCE.—A curious question in the pathology of the heart is the possible occurrence of functional disturbance localized in one of its chambers. Dr. Lukjanow, St. Petersburg, (Lancet, December 24, 1881,) has obtained evidence that functional disturbance may affect the upper or lower halves of the heart. Asynchronism is more readily produced in the auricles than it is in the ventricles.

ANATOMICAL TERMS AND THE MEDICAL RECORD.—The Medical Record is bound to get cerebral anatomical terms wrong somehow. In an earlier issue it speaks of a Fissure of Calcarini; a correspondent correcting this misnomer and writing generally with reference to the cortex of the fissure calcarina, the editor of the Record supplies the letter with the heading, "The Fissure of the Cortex Calcarina."

VACCINATION A CAUSE OF INSANITY.—The enemies of vaccination can find some comfort in the following case reported by a local paper. A teacher in one of the New Jersey public schools, has gone crazy from being vaccinated with virus taken from the arm of a man who was subject to frequent attacks of temporary insanity. The assigned cause was not more absurd than those often given by Illinois lunacy juries.

ACUTE PNEUMONIA IN INDIA.—According to Surgeon Deakey (Indian Medical Gazette), pneumonia frequently occurs among the natives of India of an asthenic and latent type, and is particularly intractable to treatment. He has been led to employ belladonna in such cases, and has had good results from its use. He attaches much importance to the regular action of the bowels during administration of the belladonna, and gives magnesium sulphate in addition to potassium bromide or iodide. The combination of iron with belladonna also tends to induce a proper action of the bowels. If there is much muco-purulent expectoration, it is advisable to give an ipecacuanha emetic before commencing the belladonna treatment.

INSANITY FROM DRUGS.—Members of the medical profession, especially those having had dealings with the insane, are earnestly requested to answer the following questions, fully, yet concisely. The subject is one of so much importance, medico-legally, and otherwise, and so very little is to be found upon it in works on insanity, that it merits the attention asked for it: First: Have you ever seen any cases of insanity, temporary or permanent, or any deviation from the normal, mental or moral state that could be traced directly to the use of a single large dose, or the continued use of opium, or any of its preparations or alkaloids? Second: Of what type was such insanity? Give symptoms. Third: State patient's age, sex, civil condition, and occupation. Fourth: What was its duration and result? Fifth: State color of patient's hair, eyes, and complexion. Sixth: Was there any hereditary tendency to insanity, or any history of alcoholism, grave nervous disease, or any drug habit in the patient's ancestors? Seventh: What amount of the drug was used, and for how long a time? Eighth: What line of treatment was pursued? Ninth: Please answer the same questions regarding the use of chloral hydrate. Tenth: Please answer the

same questions regarding the use of bromide of potassium, or any other drugs. Stamps will invariably be returned. In all cases so requested, communications will be considered strictly confidential. Reprints of the article, embodying the results of such statistics, will be sent to each correspondent. Address all replies to Dr. H. H. Kane, De Quincy Home, Fort Washington, New York City.

IODIDE OF POTASSIUM IN FRONTAL HEADACHE.—Dr. Haley calls attention (Australian Medical Journal) to the powerful effect of small doses of potassium iodide in frontal headache. According to him a heavy, dull headache situated over the brows and accompanied by languor, chilliness, general discomfort and a feeling of distaste for food, almost amounting to a nausea, can be completely removed in ten minutes by a two grain dose of potassium iodide dissolved in half a wineglassful of water quietly sipped till the whole is consumed in ten minutes. These headaches belong apparently to the type of sympathetic headaches.

POISONING BY CANTHARIDES.—Robin (Le Progrès Medical, November 26, 1881,) reports the following case. A child, seven years and a half old, who had Pott's disease, had the blisters produced by an actual caustery dressed with cantharidian cerate. On several occasions the child had pain in the abdomen and loins, nausea and constipation, and strangury. Diagnoses were made varying from amyloid renal degeneration to vesical neuralgia and even to compression myelitis. There was marked increase of the phosphates and corresponding diminution of the chlorides during the attack. Intense albuminuria preceded the attack by some hours, increased during them and disappeared on their cessation. The cerate dressings were suspected, and on their removal the attacks ceased, to return on their reapplication. These results are much more frequent after the use of cantharides than Robin seems to think.

WITCHCRAFT AND INSANITY.—AN extraordinary case of superstition is reported in London papers. The wife of a working-man in Somersetshire became mentally affected, and was removed to a lunatic asylum. Immediately before her departure it was stated that she was bewitched, and the following mode of removing the spells was proposed to her husband. First: He must stick a large number of pins in an animal's heart, which, in the dead of night, was to be roasted before a quick fire, the revolutions of the heart to be as regular as possible. After roasting, the heart was to be placed in the chimney and left there, the belief being that, as the heart rotted away, so would the heart of the witch rot, and the bewitched would be released from the power of her enemy. It is said that not a few persons in the neighborhood are firm believers in witchcraft. A similar method of curing insanity is reported by Bucknill and Tuke in their volume on Psychological Medicine.

ADMINISTRATION OF CHLOROFORM.—Dr. Gosselin (*Bulletin Générale de Thérapeutique Médicale et Chirurgicale*, March 10, 1882), claims that the administration of even impure chloroform is not necessarily attended by serious results, if the same be properly performed. There are according to Dr. Gosselin, three principal methods of administering chloroform. First: The anæsthetic may be given in small quantities at a time, but continuously. This is the method usually adopted in delivery. Sensibility is inhibited without agitation, but also without complete slumber. Second: The drug may be administered in great abundance and continuously. Performed experimentally on an animal, this system of administration often results in death. Chloroform may finally be given in progressive doses, and intermittently. This is the favorite method of Dr. Gosselin. He allows the patient to take one hundred and thirteen inspirations of chloroform and twenty-eight of pure air, divided as fol-

ows: Six inspirations of chloroform and two inspirations of pure air; then seven inspirations of chloroform and two inspirations of pure air; then four periods of eight inspirations each of chloroform, alternated by four periods of two inspirations each of pure air; then six periods of ten inspirations of chloroform alternated by six periods of two inspirations each of pure air; then two periods of four inspirations each of chloroform alternated with two periods of two inspirations each of pure air. Thus administered, chloroform has no tendency to produce serious results. At the discussion, Dr. Labbé coincided with Dr. Gosselin, but Dr. Verneuil held that the anæsthetic itself had often produced death independently of its purity and mode of administration, and that Dr. Gosselin's doctrine was dangerous.

SUSCEPTIBILITY OF THE UTERUS.—Dr. Verneuil (*Maryland Medical Journal*) calls attention to the fact that although the uterus can generally be subjected with impunity to the most varied operations, there are certain women in whom a peculiar susceptibility exists, and the most insignificant operations lead to grave accidents. A fatal peritonitis has been known to ensue from the vaginal touch alone. Dr. Verneuil cites two cases of death in women the subjects of cancer of the uterus; in one an application of perchloride of iron had been made, in the other the part had been lightly touched with chromic acid in order to check fungous projections. After the most simple surgical interference with the uterus it is, therefore, best to take minute precautions to avoid these possible accidents.

AN OLD PHYSICIAN.—Dr. Karl Freidreich, Hensinger, Germany, (*Medical Record*, April 15, 1882,) has just celebrated his ninetieth birthday and the seventieth year of his practice as a physician.

DR. ERSKINE MASON, a well-known New York surgeon, died April 13, 1882.

GOITRE is not an affection, peculiar to man alone, (Cincinnati Lancet and Clinic). M. Adam veterinary surgeon, at Augsburg, has remarked that after staying a certain length of time in that city a number of horses were attacked with goitre; there are only a certain number of stables where goitre shows itself, all situated at the East of the city. It is impossible to determine the cause of it. Goitre is not rare with the dogs of Augsburg, and is unusually frequent with the inhabitants of that city. Up to the present time goitre has scarcely been noticed amongst animals, and everywhere veterinary surgeons have observed it almost as frequently in those countries where it does not affect man, as in those where it does. In most of the valleys of the Alps, Pyrenees, Vosges, etc., where it is rare to meet with a native who has not had a tendency to goitre, the animals have not had the least trace of goitre. Some coincident cases, however, have been noticed in Isere with cattle, in Savoy with horses and in Switzerland with dogs, also with the goats in the valleys of the Himalayas. The facts related by M. Adam added to these do not add any knowledge as to the etiology of goitre.

WINTER ECZEMA.—There appears to be something in winter climates to cause in many persons a troublesome itching of the skin. This itching abates or disappears during mild and moist weather, but recurs with cold, dry clearing up weather. Light at first it is apt to become very troublesome, especially upon undressing, and through the night. At this stage vigorous scratching becomes irresistible, and then the surfaces are abraded, red and papular with an exudation which becomes copious, drying in crusts on some parts, but presenting open ulcerative patches on others. In this stage, itching is replaced by soreness, and the tendency becomes worse instead of better. From a consideration of the climatic conditions which start and keep up this affection in persons other-

wise in good health, there was an indication for some agency which would keep the skin in dry, cold weather, as in mild moist weather. This would be accomplished by a proper use of glycerine. An effective astringent like tannic acid is also indicated to correct the tendency to exudation; a moderate stimulation of the surface may take the place of the scratching, and for such indications, such a solution as this will serve: (Ephemeris of Materia Medica and; Pharmacy), Tannic acid forty grains glycerine and alcohol, each half a fluid ounce; water sufficient to make four fluid ounces. This solution applied by means of a small sponge morning and evening, will in a large proportion of cases abort the affection. The itching will be reduced or cease altogether, and as the other stages arise from the scratching they will fail to recur. If the affection has gone on to the stage of irritation and exudation before the solution is used, the solution may be found too strong. If diluted with an equal volume of water for a time, until the irritation is less, it will better serve the purpose, but after this the full strength should be resumed. When once the affection is curable in this way, it should never be allowed to go beyond the itching stage before the remedy is applied. The disease is apt to recur at the beginning of the next winter. The solution does not keep indefinitely and should be freshly made for each attack.

INSANITY FROM LEAD POISONING.—Dr. J. F. Goodhart (British Medical Journal, April 1, 1882.) after a careful study of four cases of insanity produced by lead poisoning endorses the conclusions arrived at by Savage, Rayner, and Kiernan, and believes that the sequence of events is as follows: Introduction of the lead; vascular tension; arterial spasm followed by convulsions or mania leading to permanently impaired nutrition of the brain by reason of permanent spasm of the cerebral arteries from which progressive paresis not infrequently results after a certain time.

NERVE STRETCHING.—Dr. W. J. Morton (*Journal of Nervous and Mental Disease*, January, 1882,) has recently performed nerve stretching in cases of spastic spinal paralysis, athetosis, reflex epilepsy, chronic transverse myelitis, sciatica, and paralysis agitans. The nerve stretched in the case of athetosis was the median, the results were satisfactory, as the hand remained at rest for the first time in the history of the case. The right and left sciatics were stretched in the case of spastic spinal paralysis with the result of restoring to their normal condition the gait and the patellar reflexes. In the paralysis agitans case the left sciatic nerve was stretched in order to effect the left leg, which was most influenced by the disease. The result was marked improvement in the control of the leg. The case of epilepsy was one of those cases of unstable nervous equilibrium in which convulsions were occasioned by any unusual sensation on the right side of the neck or shoulder. The patient had an aura proceeding at times from the inguinal region, and at times from the region of the anterior thoracic nerve. The median, ulnar and internal cutaneous nerves were stretched with the result of diminishing the tendency to epileptic attacks. Marked improvement also followed the stretching of the right and left sciatic nerves. The case of sciatica was also "improved."

How much of the results of nerve stretching in these cases was due to the mental influence of the operation cannot be determined, but that this is enormous is shown by the effects of a pretended operation of nerve stretching, by an irregular practitioner, in a case of multiple cerebro-spinal sclerosis. In this case, which came under the observation of the therapeutical editor, the effect of the pretended operation has been to suspend the movement of the patient's arms so much as to enable him to work as a laborer, a thing he has been unable to do for years. The symptoms

were pathognomonic of the disease. The nerve said to have been stretched was the posterior cord of the brachial plexus, but there were very clear surgical reasons for believing that this had not been done therefore it seems that there must be many elements of error in most of the benefits claimed for nerve stretching. That the operation may be of benefit there can be no doubt, but as has been shown by Billroth, Benedikt and Langenbeck it may lead to very untoward results.

In justice to Dr. Morton as showing that he recognizes the dangers of the operation the following conclusions should be quoted: First: Moderate stretching of the nerve produces merely a temporary motor paralysis, easily recovered from and a very considerable paralysis of sensation likewise easily recovered from. Second: Severe stretching produces a marked motor paralysis of long continuance, and a tolerably complete paralysis of sensation, much more quickly recovered from than the motor paralysis. Spasm cases should therefore have the nerve stretched vigorously. Third: Profound cutaneous anæsthesia may be removed for months, perhaps, permanently. Fourth: He has been unable to observe that the loss of sensibility is greater and more persistent than the loss of motion; in his experience the opposite is the case.

SCARLATINA COMPLICATING TYPHUS.—For typhus to be complicated by any of the other exanthemata is somewhat exceptional. Special interest therefore attaches to the two cases reported by Dr. John S. Main, Charlton Union Hospital, Manchester, England (*British Medical Journal*, March 25, 1882), in which typhus fever ran a very erratic course. Desquamation made its appearance accompanied by a strawberry tongue during an unusually protracted convalescence. Similar cases were observed in the Riverside Hospital, Blackwell's Island, New York, during the two typhus epidemics of 1881.

IODOFORM IN GYNÆCOLOGY.—Dr. Frank P. Foster (New York Medical Journal, March, 1882,) discusses the use of iodoform in gynæcological practice, especially in pelvic peritonitis and cellulitis of a chronic form. The cases are classified according to the abnormalities ascertained to be present: First: Cases in which inflammatory action was supposed to exist, or to have existed, but in which the uterus was freely movable without pain. Second: Cases in which the mobility of the uterus was but slightly if at all impaired, but in which motion of the organ was painful. Third: Impaired mobility of the uterus, with little or no pain on moving it. Fourth: Mobility of the uterus decidedly impaired, with pain on moving it. Fifth: Uterus nearly or quite immovable, with little or no pain on attempting to move it. Sixth: Uterus nearly or quite fixed, with decided pain on attempting to move it. Seventh: Cases of palpable inflammatory deposit. The most prompt and satisfactory results were obtained in the last group of cases, those of palpable pelvic exudation. Such cases, however, do better, according to the author's experience, under the more usual methods of treatment than those in which the exudation is not capable of detection by palpation, but is inferred to be present from conditions that can scarcely be explained on any other theory.

But, while such is the case, it is quite as true, he remarks, that now and then are met with bulky exudations which prove utterly rebellious to treatment. A good deal depends, no doubt, upon whether the deposit is of recent or of remote formation; and this question it is not always easy to settle in the cases of patients of whose past history nothing is known beyond what is elicited by questioning them. Taking the seven groups together, he claims that the patients progressed more satisfactorily, on the whole, than they would have done without the use of iodoform. It is true, he adds, that in the great majority of them hot water vaginal injections were prescribed, but it is no

less a moral certainty that in many instances they were neglected by the patients. Their proper use being assured, he would esteem the three great remedies for chronic extra-uterine pelvic inflammation in the following order: First: Hot water. Second: Iodoform. Third: Galvanism. As to the best method of using iodoform in such cases, his preference is for its application to the upper part of the vagina, and he tampons the whole vaginal canal with wicking. This prevents the application from being washed away with the discharge, and the tampon is often of great service by its mechanical action, steadying the uterus, sometimes exerting a gentle even distension upon the deposit, and perhaps inducing a muscular contraction. These tampons are almost always borne without pain or discomfort, and, from the fact that iodoform is analgesic and antiseptic, they may be retained for several days. He usually, however, directs their removal at the end of thirty-six hours. Not the least of their merits is that they effectually shut in the abominable odor of the drug. Used in this way, he has never known iodoform to betray the patient by its odor, although its taste is sometimes complained of immediately, showing that the substance makes its way into the uterine canal, or else is absorbed by the vagina more promptly than is expected in the case of medicaments introduced into the vagina. For occasional use, as an anodyne; in acute cases, in which the patients are not likely to be asked embarrassing questions by strangers, and in which, as well as in cases of vulvar hyperæsthesia, it is an object to avoid meddling with the genital canal; also with patients who cannot have continuous treatment by the physician himself, the employment of rectal suppositories is a valuable resource.

SUSPENSION IN THERAPEUTICS.—The Medical and Surgical Reporter asks: "Should sick men be hung"? Gaillard's Journal replies: "Only sometimes, but it should not be routine practice."

DANGERS FROM BISMUTH.—A woman died at the hospital at Modena, on March 2, 1881, (*Gazetta Medica Italiana*, September, 1881,) from gastric cancer. On the post mortem the stomach, which was of normal size, was found to be filled with a pultaceous grey semi-solid mass forming a cast of the cavity. This mass was found to be composed of half a kilogramme of oxide of bismuth agglutinated with mucus. As the patient had not taken any bismuth in the hospital during her two months' residence, she must have carried this mass in in her stomach for more than two months.

YERBA RHEUMA IN GONORRHOEA.—It has been claimed that this plant (*Canadian Pharmaceutical Journal*, April, 1882), has in all catarrhal discharges from mucous surfaces, been found of value. After the subsidence of the acute stage of gonorrhoea, free injections of two ounces of the fluid extract to a pint of water are claimed to yield very good results. This plant is claimed to contain an unusual quantity of sodium chloride, but this can have but slight influence in producing the therapeutic properties which have been claimed for it.

PHYSIOLOGY A PHYSICAL SCIENCE.—Dr. T. H. Huxley (*Popular Science Monthly*, October, 1881,) says concerning this: "Those who are conversant with the present state of biology will hardly hesitate to admit that the conception of the life of one of the higher animals as the summation of the lives of a cell aggregate, brought into harmonious action by a coördinative machinery formed by some of these cells, constitutes a permanent acquisition of physiological science. But the last form of the battle between the animistic and the physical views of life is seen in the contention whether the physical analysis of vital phenomena can be carried beyond this point or not. There are some to whom living protoplasm is a substance even such as Harvey conceived the blood to be, 'summa cum providentia et intellectu in finem

certum agens, quasi ratiocinio quodam'; and who look, with as little favor as Bichat did, upon any attempt to apply the principles and the methods of physics and chemistry to the investigation of the vital processes of growth, metabolism, and contractility. They stand upon the ancient ways; only, in accordance with that progress toward democracy which a great political writer has declared to be the fatal characteristic of modern times, they substitute a republic formed by a few billion 'animulae' for the monarchy of the all-pervading 'anima.' Others, on the contrary, supported by a robust faith in the universal applicability of the principles laid down by Descartes, and seeing that the actions called 'vital' are, so far as there is any means of knowing, nothing but changes of place of particles of matter, look to molecular physics to achieve the analysis of the living protoplasm itself into a molecular mechanism. If there is any truth in the received doctrines of physics, that contrast between living and inert matter, on which Bichat lays so much stress, does not exist. In nature, nothing is at rest, nothing is amorphous; the simplest particle of that which men in their blindness are pleased to call 'brute matter' is a vast aggregate of molecular mechanisms, performing complicated movements of immense rapidity and sensitively adjusting themselves to every change in the surrounding world. Living matter differs from other matter in degree and not in kind; the microcosm repeats the macrocosm; and one chain of causation connects the nebulous original of suns and planetary systems with the protoplasmic foundation of life and organization."

RUFIGALLIC ACID IN PSORIASIS.—Dr. Lang, Inspruck, Germany, (*Edinburgh Medical Journal*, April, 1882,) claims that this acid used in a salve of one part of the acid to ten of the ointment, is an efficient remedy in psoriasis. This disease has hitherto been found rather intractable and subject to frequent remissions.

STRETCHING OF THE INFRA-ORBITAL NERVE.—Dr. Coppez (*Annales d'Oculistiques*, February, 1882,) has succeeded in curing a neuralgia which had lasted twenty years by stretching the infra-orbital nerve. The neuralgia had been periodic for fifteen years, but latterly had been continuous. The supra-orbital was also affected. Immediately subsequent to the operation the zone between the nose and the middle of the cheek, the half of the upper lip and the mucous membrane covering it was completely anæsthetic. The sensibility fully returned within five days. Two months have elapsed without any return of the pain.

OPTIC NERVE REACTION TO MECHANICAL IRRITATION.—There are many cases to be found in the literature in which although the optic nerve was functionally active, its section was not followed by any sensation of light. Schmidt-Rimpler (*Centralblatt für die Medicinischen Wissenschaften*, No 1, 1882,) has tried to obtain a specific reaction by pressing over the stump of the optic nerve in cases where the eye had recently been enucleated. Out of six cases he thus produced light flashes in two, but these flashes were produced by electrical stimulation in all, whence he concludes that a specific reaction does follow mechanical irritation if properly tested.

POTASSIUM IODIDE AND CALOMEL IN OCULAR THERAPEUTICS.—The *Archiv. für Ophthalmologie* (Cincinnati Lancet and Clinic) has an interesting paper on this topic. Various authors have noticed that bad symptoms were sure to arise if calomel were used locally on the conjunctiva while the patient was taking iodide of potassium. In every case a violent conjunctivitis was set up, but the cause of the inflammation remained unknown. Dr. Schläpke gave to a rabbit, iodide of potassium equal to one-seventh thousandth part of its weight, and found that at the end of seven minutes he was able to detect this salt in the tears by

its reaction to the chloride of palladium. In man when the iodide is used in doses of from fifteen to thirty grains daily it cannot be detected in the tears by the use of the salt named, but if a little calomel be placed in the cul-de-sac of such an individual there is provoked a violent conjunctivitis limited to the parts upon which the calomel has been placed. It is very easy to produce the same effect in rabbits to whom the iodide has been given. The irritation is caused by the iodide of mercury there produced. Many opinions have been advanced as to the action of calomel when dusted in the eye. Some hold that there is a chemical action, others that the effect is purely mechanical. Clinical observation seems to uphold the first view, for inert powders do not have the same effect as calomel. Those who refuse to use calomel say a chemical change points to its insolubility, but Schläpke has shown that it is sparingly soluble in the tears, and that the proto-chloride of mercury is formed rather than the bi-chloride, on account of the small quantity of chloride of sodium in the tears.

FRACTURE OF THE PATELLA.—Dr. Poinso (Revue de Chirurgie, January, 1882,) comes to the following conclusions respecting the treatment of fracture of the patella: First: The joint should be immediately punctured in all cases where there is much effusion into its cavity; subsequent drainage is not necessary. Second: Subsequent to the puncture and where coaptation of the fragments is with difficulty obtained, Kocher's suture of the patella should be practiced. Third: The apparatus should be frequently examined while articular swelling exists. Fourth: An apparatus limiting flexion should be worn several months after union has taken place. Fifth: Opening of the articulation, with osseous sutures, is indicated in cases where puncture fails to remove the exudation. Sixth: It is also indicated in cases where an excess of callus interferes with the motion of the joint, and in pseudarthroses.

LOCAL.

CHICAGO MEDICAL SOCIETY.

The Chicago Medical Society held its 31st annual meeting, April 10, 1882. The Secretary, Dr. L. H. Montgomery, read his report, which recapitulated the number of meetings held during the year just closed, the membership, attendance and other historical and statistical matters. Treasurer, Dr. E. F. Ingal's report showed receipts and disbursements as follows: Cash on hand, \$156.32; collections during the year, \$328; total, \$484.32; sundry expenditures, \$123.25; leaving a balance of \$361.07. The Treasurer having reported a number of members owing dues, it was resolved that all members two years in arrears requesting to be dropped from membership be expelled, and that notification be sent to the delinquents. The election of officers resulted as follows: President, Dr. J. H. Hollister; Vice-President, Dr. D. W. Graham; Secretary, Dr. L. H. Montgomery, re-elected; Dr. E. F. Ingalls was re-elected Treasurer. The retiring president, Dr. E. Ingalls made a brief valedictory address which largely dealt with the work done by the Society.

The April 16 meeting of the Chicago Medical Society was very well attended. Drs. B. R. Van Doozer, N. N. Hurst, and P. Maull were elected members of the society. Dr. J. H. Hollister read a paper on the "Recent Prevalence of Typhoid Fever in Chicago." The doctor claimed that the commonly-accepted theory that dirt and filth originated typhoid fever was erroneous. While filth and dirt no doubt intensified the disease, they were not responsible for it. In places free from the disease it only occurred upon an introduction of the specific poison. The idea that the fever was spread by contact was an error. Typhus fever was thus spread, but not typhoid fever. Typhoid fever was developed only from miasma from outside the body. Whatever the material was that developed the disease it came from human excrement and

was communicated to the system through the air and water, the poison arising generally from shallow vaults or soiled linen. This poison maintained its vitality longer than cholera poison, providing the surroundings were at all favorable. It was necessary that the poison should be taken inwardly to produce the disease, and the air was the principal vehicle for the poison. Climatic conditions had much effect upon the poison, it being more extensively diffused in dry weather. He has observed that in this city the greatest mortality from the disease did not occur when the temperature was the highest. From the health department he had secured the following data which gave an excellent idea of the rise and decline of the disease during the past nine months: July, 1881, deaths, twenty-three, average temperature, seventy-eight degrees; August, deaths, ninety-eight, average temperature, seventy-five degrees; September, deaths, ninety-four, average temperature, sixty-nine degrees; October, deaths, one hundred and twenty-three, average temperature, fifty five and nine hundredths, degrees; November, deaths, seventy-three, average temperature, thirty-nine degrees; December, deaths, fifty-eight, average temperature, thirty-seven degrees; January, 1882, deaths, sixty-two, average temperature, twenty-eight degrees; February, deaths thirty-nine, average temperature, twenty-eight degrees; March, deaths, twenty-five, average temperature not given.

From comparisons with reports from other large cities the doctor had ascertained that the rise and decline were similar in them. It was noticeable that the effect followed the cause at a later date than in cases of other poisoning. Out of one hundred cases of the fever treated by the doctor at the county hospital, only sixteen were fatal; but he could not tell except by comparison how many cases the deaths in the city represented. He had been considering the existing conditions of Chicago, and he was convinced that they were such as to create fears of an epidemic of

typhoid fever during the coming summer and fall. In the board of health reports the doctor had found that the Fifth, Sixth, Ninth and Fourteenth wards were more largely represented in the matter of typhoid fever than any other wards in the city. He also found that in these wards the houses were old, and that the greater portion of the night soil was deposited in shallow pits. The Fourteenth stood at the head of the list as to mortality, and the death-rate far exceeded the proportionate population, which was the largest of all the city wards. A recent examination of the ward developed conditions which the doctor thought invited an epidemic of fever. The thing for the authorities and people of the entire city to consider now was what means was most available in the present run of the disease. Published reports show Chicago to be the healthiest large city in the world. This was due to its excellent water supply. But it was not as healthy as it might be were the sewage of the city drained through the Illinois and Michigan canal, which he deemed the only feasible method of drainage. It was also necessary that the source of water supply should be further from the sewage, which naturally flowed into the lake from the river. Then it should be made a crime to deposit human excrement on the earth. Sewers properly graded should be placed in every inhabited house within the city, all of which should be flushed with fresh water at all times. Such a process would cost money, but money could not be better expended than in the preservation of public health.

The paper was discussed by Dr. N. S. Davis, who called attention to the fact that meteorological conditions played an important part in the production of typhoid fever. Dr. Davis held that while in the strict sense of the word there were no such things as specifics for typhoid fever or other self-limited affections, there were certain agents which exerted an influence in diminution of the mortality, and the length of the disease. Among the agents to which

powers of this kind have been ascribed, were mercury, bromine, and iodine. Mercury had been proven to have too debilitating effects. Bromine is difficult to administer. Of iodine, Dr. Davis was prepared to speak highly. He had used it, as was his custom, as an adjuvant to cold sponging and the proper supporting and antipyretic treatment, and was convinced that it exerted a marked influence on the progress of the disease, its duration, mortality, and complications. He had generally used it in the following formula: $\mathcal{R}$ Iodini .50; potas. iodid. 2.00; aquæ destil. 45.00; of this eight to ten drops were given three or four times a day in sweetened water. There being no further discussion, Dr. J. G. Kiernan read a paper on the "Occipital Lobe in Relation to Intelligence," in which he called attention to the fact that the importance of the frontal lobes has been much overestimated. He claimed that in the occipital lobe were to be found the great association centres of the brain, and as upon the associating power depended man's intelligence, the full development of the occipital lobe was necessary to constitute a well-balanced cerebral system. He cited as corroboratory evidence the fact that the occipital lobes occur only in the primates, being absent even in the lowest monkeys, whereas the frontal lobes are found in all mammalia, the fact that the occipital lobes are the last to make their appearance in the foetus. The occipital lobe was markedly deficient in reasoning maniacs. In this connection the plaster cast of Guiteau's head was exhibited. The paper was briefly discussed by Drs. Paoli and Brower, who alluded to the novelty of the views therein expressed.

The following delegates were elected to attend the meeting of the Illinois Medical Society, which occurs at Quincy in May: Drs. J. H. Hollister, N. S. Davis, John Bartlett, G. C. Paoli, F. C. Hotz, R. G. Bogue, A. H. Cooke, W. T. Maynard, C. T. Fenn, D. A. K. Steele, D. W. Graham, E. W. Lee, L. Curtis, D. R. Brower, C. S.

De Veney, L. H. Montgomery, S. Strausser, Sarah Hackett Stevenson, J. G. Kiernan, W. P. Verity, W. T. Montgomery, E. J. Gardiner, A. R. Jackson, B. Bettman, S. J. Jones, E. Ingals, C. Fenger, J. H. Etheridge, E. L. Holmes, E. Andrews, J. S. Jewell, C. T. Parkes, De Laskie Miller, H. A. Johnson, and O. C. De Wolf.

The delegates chosen to attend the American Medical Association, which meets at St. Paul in June are: Drs. F. M. Wilder, W. H. Curtis, J. G. Kiernan, S. C. De Vene, S. Strausser, N. S. Davis, L. Curtis, E. W. Lee, C. Fenger, J. H. Hollister, Emma F. Gaston, N. Bridge, D. W. Graham, E. Powell, T. W. Brophy, R. E. Starkweather, and H. D. Valin.

COLLEGE OF PHYSICIANS AND SURGEONS.

The Executive Committee of the College of Physicians and Surgeons met April 18, 1882, and elected Dr. A. W. Harlan, of Chicago, to the Chair of Dental Surgery at the college. Fourteen of the seventeen chairs are now filled. Dr. S. J. Powell, of Ann Arbor, who is a candidate for the position of Assistant Demonstrator of Anatomy, appeared before the committee and lectured on the anatomy of the shoulder. It was announced that the new college building at the corner of Harrison and Honoré streets would be ready for occupancy September 1, and that the student year would open October 1.

STATE BOARD OF HEALTH.

The Illinois State Board of Health has held its regular quarterly examinations on April 13. This examination exceeded in severity that of many of the most rigid medical colleges. Among the questions asked were the following: Give the differential diagnosis, for sanitary purposes, of scarlatina, rubeola, variola, varicella, febris flava, cholera Asiatica, trichiniasis? Describe Pasteur's recent experiments? What alteratives emetics and cathartics are indigenous to Illinois? At what age is the foetus viable, and what are the signs and indications of such an

age? How would you determine whether lesions injuries or discolorations found on a cadavre were produced before or after death? Some of the questions, if not intended merely as catch questions, were open to severe criticism, as for instance: "In a lying-in patient how would you distinguish a pathological from a physiological chill?" Such an examination taken as a whole would certainly be a good test of the applicant's proficiency.

VACCINATION.

The following form has been prescribed by the Illinois State Board for reporting vaccinations. It will be seen that it is at once ingenious and complete:

DATE: 1882

SIR: During the past months, I have performed vaccinations, as follows:

	VIRUS.	SUCCESSFUL.	FAILURES.
Primary....	Bovine.....		
"	Humanized.		
Revaccinations.....	Bovine.....		
"	Humanized.		

[Strike out needless words.]

Examined usually on _____ and _____ day.
or
Prefer B H Virus, because of _____ With
B V have obtained best results with that
propagated by _____ of _____ Have had
some _____ noteworthy complications and re-
no _____ or
sults. Above data given from _____ records.
memory.
M. D.

P. O. Address:

DR. Charles R. Darwin, author of the "Origin of Species," died April 21, 1882. He was made an honorary member of the medical profession by the University of Leyden, Holland.

DR. Giovanni Lanza, the Italian Prime Minister, who died March 9, 1882, had nearly completed his semi-centennial as a physician, having graduated in medicine in the city of Florence in 1834.

ORIGINAL CONTRIBUTIONS.

AN UNDESCRIBED WAY OF OPIUM SMOKING.

BY M. J. MADIGAN, M. D. BROOKLYN, N. Y.

Formerly Assistant Physician, New York Asylum for the Insane.

Dr. Kane* has called attention to the manner adopted by the Chinese and Americans for the indulgence of this form of the opium habit, and the same subject has already received some attention in the Review.** None of these descriptions at all compare with the variety of the vice observed by me at the New York City Asylum for the Insane, among the pauper employes of that institution. Opium using seems to be a very common vice among this class of people.

There is one case reported by Dr. Kane which somewhat approaches the habit observed, and that is the case of the hashisch user who, he says,† would roll nine grains of the English extract of hemp into a lump and then placing it in the bowl of a common clay pipe partly filled with tobacco, light it and inhale the smoke.

The opium smokers in the asylum used to soak the tobacco in laudanum, dry it and then smoke it. The immediate effect of this was slight loquacity, and some degree of mental exhilaration. Then there was marked sexual excitement and considerable vesical irritability. If no more laudanumized tobacco was smoked at this stage, the man was able to do his work particularly of a mental character with increased facility. If, however, he continued to smoke, he was good humored if allowed to remain in one position, but became very irritable on being asked to move. A few moments later and there was a slight impairment of gait which rapidly passed off. Two of these men said that when they first commenced smoking in this way they suffered much from tingling in the feet. The men were able to do hard work if need be, and one of them acted as carpenter for a relatively long period. There did not seem to be any difference in the quality smoked by the new beginner or the old habitué. Two, who had been in the habit of using opium by the mouth, claimed to have abandoned it on being taught to smoke the laudanumized tobacco.

* Opium Smoking.

** Volume IV, page 448.

† Drugs that Enslave. Page 208.

The habit appears to have originated from an East Indian who came from Borneo; he was not very communicative on the subject. The laudanum was brought from the city by some one of the employes when temporarily discharged or given leave of absence. The habit spread to a few attendants. One of these latter, was however, made violently ill by his first pipe.

These are the only instances of the habit I have known, and the material concerning it is consequently meagre. It has been with the idea of directing the attention of others to the subject that the present article has been written. The observations were made during the fall of 1874 and the spring of 1875,
309 Halsey St.

REASONING MANIA.

BY S. B. CHASE, M. D., OSAGE, IOWA.

I have perused with interest Dr. Hammond's paper on Reasoning Mania, read recently before the Medico-Legal Society of New York; also the criticisms of the distinguished gentlemen present. That it had special reference to the case of Charles J. Guiteau does not lessen the interest which the paper *per se* commands. I cannot, however, endorse its conclusions. The views of the Review as expressed in volume five, number six, more nearly accord with my own. Cerebral pathology affords no confirmation of the view that a knowledge of right and wrong is to be the hinge upon which crime is to swing. I have read carefully, and in some instances with amazement, the medical testimony in the case referred to. That the future will endorse the conclusions of the medical experts for the prosecution, I do not believe. Conditions may exist where partial punishment alone should be meted out. The case of Guiteau would seem to properly belong among them. To visit national vengeance upon such a moral monstrosity as Guiteau's whole life proves him to have been evinces the madness of the hour. He should be placed beyond the power to do further harm; but, to hang him, I do not hesitate to express the opinion, would be a national disgrace. Future generations would regard it in much the same light that the present does the burning of witches. Justice does not demand it, nor can we afford to perpetuate such a wrong.

In summing up the testimony in the Guiteau case, Dr. Hammond says: "I have no

hesitation in asserting that Guiteau is the subject of reasoning mania, and hence a lunatic. *There is not an asylum under the charge of any of the medical experts for the prosecution that does not contain patients less insane than he.*" If the doctor believes as he asserts, why hold Guiteau to the same responsibility that he would a sane man? Why use the following strange words? Let Guiteau suffer the full legal penalty of his crime, but let him be executed with the distinct understanding that he is a lunatic deserving of punishment." If Guiteau were of unsound mind when he shot the president, in the name of an enlightened civilization why counsel a barbarism so terrible? To answer as the doctor does, that "Guiteau should have controlled his morbid impulse," is simply begging the question. For illustration, take a dipsomaniac, with inherited appetite. He did not bring upon himself this accursed thirst, nor is he in doubt as to the "right and wrong." He knows that it is right to resist and wrong to yield; and yet he is unable to do the one or refrain from doing the other. To expect him to control his "morbid impulse" would be with so little reason as to expect one afflicted with phthisis not to cough. The will in either case is powerless. Volition is as much a faculty of the human mind as reason; and in the Penal Code should receive equal consideration. If the will be impaired, the power of choice is wanting, however clear "a knowledge of right and wrong." Hooker says: "Choice there is not, unless the thing we take be so in our power that we might have refused it."

A careful study of monomania, or theomania, with which I believe Guiteau to be affected, has crystalized into a disbelief of the hypothesis that because one, under certain circumstances is able to control his "morbid impulse," *ergo* he is always able to do so. Nor does the fact that he executes in accordance with plan necessarily prove him fully responsible, as the craftily laid schemes of many, unquestionably insane, attest. If the dictum of the doctor's paper has assumed the dignity of law, how can the disposition made of Freeman, the Pawtucket murderer be reconciled with it? Is not Guiteau's a parallel case, and would not a similar verdict have been rendered had not his victim been President Garfield? Does not the Washington verdict contain an element of passion excited by the press of the country?

CORRESPONDENCE.

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 MEDICAL DEPARTMENT NEW YORK
 CITY UNIVERSITY—ACADEMY OF
 MEDICINE—SPASMS OF THE
 BLADDER—BLOOMINGDALE
 ASYLUM.

NEW YORK, April 29, 1882.

During the period which has elapsed since my last letter there have been many occurrences of medical interest, chief among which are the recent changes in the

UNIVERSITY MEDICAL COLLEGE.

This college has long been known as the largest graduating institution in the city. All the other colleges have made some improvements in their curriculum, but it has kept on the even tenor of its way unmoved by their example.

A profound revolution whose distant results may hardly be surmised as yet, occurred in the University Medical College. As is well known, the faculty of this institution consists of an ordinary and a post graduate division. The post graduate faculty is theoretically supposed to teach the higher branches of medicine, and comprises several men well and favorably known as original investigators, sound clinicians, and earnest teachers. Until within a few days it comprised Drs. D. B. Saint John Roosa, Stephen Smith, William A. Hammond, Gouley, Piffard, Pallen, Little, Sturgis, Louis Elsberg and A. E. Macdonald. For a year or two past much dissatisfaction has been accumulating among these gentlemen, who were being continually opposed in their attempts to raise the standard of teaching and examination as well as to extend the clinical advantages of the school. The opposition maintained a frigid reserve, made promises never destined to fulfilment, evaded every issue, and already last year there was a threat made in the part of the post-graduate faculty that they would resign in corpore. Dr. Elsberg alone carried out this action, the others being mollified by promises. As these were broken, in fact as it seemed that the faculty, really ruled by the Dean, were determined to keep the institution on the level of a diploma mill, a meeting of the post-graduate faculty was called. For obvious reasons, Dr. A. E. Macdonald was not invited to attend the meeting. The result of the convention was made public

by the resignation of Drs. Roosa, Stephen Smith, William Hammond, Gouley, Piffard, Pallen, Little and Sturgis, and the University now stands with hardly a single clinical teacher competent to teach the higher branches of medicine. It is generally supposed that the Dean will appoint nonentities to fill the vacant places, and to keep up the display of the catalogue, but it is considered doubtful whether the attendance at the University will be materially lessened, as for some time, this institution has been patronized chiefly by those who desire to graduate early, expeditiously and cheaply, and they are not apt to be influenced by the scientific merits of what threatens to become the largest diploma-mill in the country. The resigned members will probably found a post-graduate school, certainly an excellent idea.

BLOOMINGDALE ASYLUM.

Your correspondent recently visited this institution, which is the largest asylum for the insane in the United States not under public control. There are a number of free beds, as there are in all hospitals. The asylum is very pleasantly located in New York. The patients seem to present a greater number of hereditary cases than is usual in asylums, and the percentage of paretics is perceptibly large. The asylum is very well conducted, Dr. Nichols, the Superintendent, being one of the old school of superintendents, who hold views almost identical with those of the more advanced European authorities, except that the terms used are not the same. There is relatively little restraint used, and it is obvious that Dr. Nichols is neither an anti-nor a pro-restraint fanatic. The wards of the Asylum were in marked contrast with those of the city asylums. One thing seemed to your correspondent a little strange, and that was the use of Yale locks. These involve a useless locking and unlocking somewhat dangerous at times to the physician, and certainly tending to impress the patient unpleasantly. This, however, is a relatively minor fault. Among the interesting facts learned were the following: Ten cases of insanity had recovered last year from a second attack, one case had recovered from a third attack, two from a fourth attack, one from a sixth attack, one from a seventh attack, one from a sixteenth attack. These figures tend to support Dr. Earle's position (Alienist and Neurologist) respecting the great elements

of error entering into asylum statistics of recovery. A patient recently died in the Asylum who had resided there for forty-four years. Two other patients have been residents somewhat longer.

ACADEMY OF MEDICINE.

Dr. F. N. Otis read a paper at the April 6 meeting on "Persistently Recurring Vesical Spasm Resulting in Thickening of the Bladder Walls, Dilatation of the Ureters, Hydronephrosis and Death from Uræmia." Dr. Otis cited several analogous cases from the literature. A man aged fifty-five had suffered for twenty years from difficult and frequent micturition. The trouble began with a gonorrhœa which resulted in chronic urethritis, and finally cystitis. The patient was treated for stricture, and vesical calculus was suspected, but was not found on examination. The patient had gone the usual rounds of all varieties of regular and irregular practitioners. He sometimes obtained relief from the passage of a sound, twenty-five, which passed readily into the bladder. Pain in the region of the right kidney had caused the suspicion that there might be a calculus in the pelvis of that organ. Dr. Otis saw the patient, December, 1881, who was emaciated and tremulous, and had recently suffered from chills, fever and sweating. Intense pain on micturition was chiefly referred to the neck of the bladder. The urine, more or less purulent, was passed every fifteen minutes, but contained nothing to indicate organic vesical or renal disease. One or two attacks of pain had occurred on the left side, and were thought to be renal colic, but no tenderness could be detected in that region. The urethra measured thirty-seven, but a contraction existed nearly one inch from the orifice reducing the diameter there to twenty-five; having seen cases of long standing presenting similar symptoms to this one relieved by division of contracture of the urethra at this point, he divided the orifice to correspond with the urethra behind it. A number thirty-seven instrument passed into the bladder of its own weight, showing that no stricture existed behind. The patient was entirely free from pain for four days after the operation, but there was complete urinary incontinence. He then began to have some control over his urine, later in the day there was slight pain, which increased as the control over the urine increased, but not to the degree that had existed before the operation. Suddenly, for

the first time, he complained on the fifth day of pain in the glans penis, followed immediately by a series of spasms similar to those from which he had previously suffered, occurring at intervals of ten or fifteen minutes. Two days later symptoms of uræmia developed, and on the fourth day after the pain attributed to the sudden appearance of vesical calculus, the patient died in a state of coma. Dr. W. H. Welch made the autopsy. By request the abdominal organs only were examined. Both kidneys were enlarged. The fibrous capsule was adherent to the surface of the organs. The cortical substance presented a grayish, nearly uniform appearance. The pyramids were encroached upon by the dilated calyces. There were no renal abscesses. The pelvis and calyces of each kidney were greatly dilated, and contained turbid ammoniacal urine. The ureters were likewise dilated, so that their calibre nearly equaled that of the small intestine. The walls of the ureters were thickened. No obstruction to the passage of urine existed, either in the pelvis of the kidneys or in the ureters. The wall of the bladder was about four times its normal thickness. The thickening affected all of the coats of the bladder, especially the muscular tissue. The mucous membrane of the bladder was thickened and presented, especially about the base, slightly elevated, grayish, discolored patches, such as are seen in so-called diphtheritic cystitis. The capacity of the bladder was about that of the normal organ. It contained ammoniacal urine and a small calculus. This calculus, about an inch in length and conical in shape, resembling somewhat a canine tooth, might have been formed in one of the dilated renal calyces, and was apparently of recent formation, being very friable, and composed wholly of phosphates, without a nucleus of uric acid or oxalate of lime. The prostate was about the normal size, and had not occasioned any obstruction so far as could be detected. The calibre of the urethra seemed to be normal, presenting no evidence of stricture.

The spleen was somewhat enlarged, and surrounded by firm fibrous adhesions. The liver, stomach, and intestines presented no noticeable change. Microscopical examination of the kidney showed a marked new growth of fibrillated connective tissue infiltrated with lymphoid cells. The uriniferous tubes were sometimes compressed and atrophied, sometimes found to be

dilated, sometimes found to be filled with fatty epithelium.

Diagnosis, Chronic cystitis with dilatation of the ureters. Hydro-nephrosis and chronic interstitial nephritis. The cause of the cystitis was not apparent. In the absence of obstruction or other cause, to account for the thickened bladder, the dilated ureters, and the hydro-nephrosis, Dr. Otis, thought it quite possible that all the difficulty had been produced by spasm reflected from irritation at a distant part. This view was corroborated by the fact that for a time the symptoms disappeared on division of the narrowed urethra near the orifice and returned only after the passage of the calculus from the kidney into the bladder, as was evident from the post-mortem examination. He believed that, had this probable cause of the patient's trouble, constriction near the orifice, been recognized earlier in the course of the disease, before such serious changes had taken place in the bladder, ureters, and kidneys, and proper measures adopted for its relief, the patient might have recovered, and enjoyed a life of health and happiness instead of one of years of extreme suffering, terminating finally in death.

On the discussion of the paper Dr. Alfred C. Post said that for his own part he had been very well satisfied in a number of cases of urethral and vesical irritation that a contracted state of the meatus urinarius had been one very important element in maintaining the irritation which existed. This was often the case in senile enlargement of the prostate. There were many instances in which he found great difficulty in introducing instruments for the purpose of evacuating the bladder, and he had known instances in which this difficulty of catheterization was obviated by dividing the meatus. A striking case of that kind he saw in consultation a year or two ago. A member of the legal profession, about sixty years of age, had suffered for a considerable time from urinary difficulty in connection with an enlarged prostate, and it had been necessary to evacuate the bladder with a catheter. But in consequence of the small size of the meatus a catheter of only very moderate size could be introduced, and as was well known, the introduction of small catheters in enlarged prostate is usually much more difficult than the introduction of large ones. The small one did not push its way over the enlarged prostate as easily as did the large one. In

this case the attending physician introduced the small instrument up to a certain point, beyond which it would not pass. Dr. Post enlarged the meatus, and introduced a large catheter into the bladder, giving the patient relief. The orifice was dilated by the introduction of large steel sounds, and in the course of a few days the patient dispensed with the catheter, and had not used it now for over a year, although previously he used it regularly.

A young man was sent to him from Massachusetts, having a close stricture of the urethra. The contraction was such that he passed his urine only by drops, and with a great deal of distress. Dr. Post was unable at the time to introduce any instrument into the bladder. He etherized the patient, enlarged the orifice by making a slight incision before and behind, and then passed successively a series of sounds from fifteen millimetres up to thirty. These instruments were passed at intervals of two or three days for a week or two, and the patient went home entirely relieved of the difficulty from which he had been suffering. He mentioned these as a few of a series of cases in which a contracted state of the meatus had seemed to be a very important element in interfering with catheterization, and in maintaining severe irritation in the urethra and bladder.

Dr. E. L. Keyes thought the whole gist of the discussion necessarily turned upon the question of etiology. With regard to this he would have to beg to differ from Dr. Otis. It seemed to him that the spasm of the urethra was due to reflex causes, and that relief of the spasm was produced mainly by direct influence which the instrument passed had upon the sensibility of the deep urethra in the first place, and mechanically upon the contracting muscles in the second place. The size of the instrument was particularly important from the second point of view, just as overstretching of any tonically contracted muscle naturally would put it more in a state of ease, perhaps entirely overcoming its condition of spasm. Many cases certainly did have symptoms of stricture, symptoms of stone, and symptoms of a great many other things persistently, which turned out to be simple cases of urethral spasm. Among these cases was that of an old sea-captain who recently came under his observation, but who was now absolutely relieved, whose micturition, etc., was now perfectly normal, and yet nothing had been done for him whatever

except to pass a large sound, as large as the urethra would admit, about half a dozen times. Many cases got well of spasmodic stricture by the passage of a large or smaller sized sound, and without giving ether; but some cases, again, certainly, did not get well on passing a sound as large as the urethra would admit, which recovered when these points of narrowing were razed and the larger instrument was passed into the deeper urethra, the recovery being due not to the division of the narrowed part, but to the influence of the larger instrument upon the canal below. Still it was true also that recovery sometimes failed to take place even after the passage of a large instrument, although there was no lesion to account for the symptoms, the mucous membrane not being inflamed. A case of this kind occurred in a patient from a New England State, in blooming health, but afflicted with permanent and frequently recurring spasm of the deep muscles of the urethra, etc., to such an extent that he had had prolonged retention of urine. The urine was absolutely negative as to indications of disease. His malady came on shortly after the death of his wife; there was no inflammatory or other pathological condition known which would account for his symptoms. He was subjected to a number of ordinary forms of treatment, and finally, after instruments had been used without the least amount of relief, and after having suffered for two or three years, about a year ago the slight anterior narrowings were divided, a large sound was passed into the urethra, and that canal was brought up fully to its alleged natural calibre, but not a particle of benefit followed in micturition, and the patient came to him to-day to ask if anything further could possibly be done. He was now able to pass his water only under the greatest privacy, away from any mentally disturbing conditions. A thirty-five or thirty-six instrument would pass into his bladder without giving him any discomfort. So far as was known the mucous membrane of his bladder was in a perfectly normal condition. With regard to the case, the subject for discussion, he thought the true explanation of it was the most simple one that suggested itself: that the man arrived at a certain age in life when he contracted a gonorrhœa, which was the beginning of his trouble. For sometime afterward, however, he had no troubles from which he suffered later. Then there arises, as a result of the gonorrhœa,

spasm, and at the same time, or following this, cystitis; the patient has difficulty in expulsion of the urine. Then he has calculus attacks, probably a number of them. These calculi might have been the occasion of further spasm about the bladder, for he had seen a number of cases of that nature, and indeed they were quite common. Then there was stone in the kidney, and the other lesions resulting as pointed out in the history. In this case there was more or less pus in the urine. It often occurred, however, that where difficulty of micturition arose from spasm aside from any known lesion, as a gonorrhœa, etc., no pus was to be found in the urine at any time, as was illustrated in the patient from New England. In Dr. Otis's case, the recurring spasms he considered sufficient to account for the thickening of the walls of the bladder; the attempt to get rid of the irritation about the neck of the bladder might easily lead to hypertrophy of the walls of that viscus. Then on division of the contraction near the orifice of the urethra, which allowed of the easy passage of stone, irritation being removed, the spasmodic contraction of the deep urethra was for a time relieved and yielded to temporary incontinence. The larger stone afterward exciting anew spasmodic contraction, incontinence ceased, the other symptoms, uræmia, etc., developed, ending in death.

Dr. J. W. S. Gouley said, he thought Dr. Mercier a few years ago very graphically described the class of cases to which Dr. Otis's belonged. He said they originated in very persistent chronic urethritis, or rather cervical cystitis following urethritis; cervical cystitis which gave rise to intense congestion underneath the mucous membrane, thus exciting what he called contracture of the urethro-vesical orifice. There were two states, a spasmodic contracture and a permanent contracture. The spasmodic contracture followed chronic urethritis, and was curable; the permanent contracture left to itself, was incurable. Permanent contracture produced what he called a muscular valvule which caused an impediment to urination similar to that produced, by hypertrophy of the median portion of the prostrate, and this impediment to micturition caused the bladder to contract spasmodically to expel the residual urine almost always found in these cases soon after the disease had become permanent. These wrestlings of the bladder against the

obstacle at the urethro-vesical orifice, caused hypertrophy of its muscular coat; the residual urine caused cystitis; the inflammation extended up the ureters, and to the pelvis of the kidneys, and the patient died after a certain number of years of pyelo-nephritis, or with acute interstitial nephritis superimposed upon a subacute or chronic condition. A patient might have a permanent contracture of the urethro-vesical orifice for a great many years without suffering more than the inconvenience caused by the stagnation of the urine. Of course the urinary stagnation, being a foreign body in the bladder, would give rise to spasmodic contraction, but that the bladder could contract spasmodically without an irritant within it, or an obstacle at the urethro-vesical orifice, he did not believe. He could not conceive that spasms of the urethra could cause habitual retention of the urine. In all or nearly all cases such as had been described by Dr. Otis, the obstacle was at the urethro-vesical orifice. A very interesting point was, that it was not easy at the post-mortem examination to discover the urethro-vesical valvule. The bladder had to be examined with the greatest care not to overlook it. It should be examined from above, and not first slit along its anterior border and the prostatic urethra. He had made some modifications of the rectangular sound by which an absolute diagnosis could be made of both the muscular valvule and of the prostatic valvule.

He had now a patient about thirty years of age, who, had a urethritis a number of years ago, which still exists. That gentleman had for five or six years been unable to empty his bladder, and for a year before he saw him, he was micturating every few minutes, the urine was purulent. He asked him to urinate, and the patient passed an ounce or two of slightly purulent urine. He then introduced a catheter and drew off eleven ounces of urine, the last of which was very purulent. Since then he had been introducing the catheter two or three times a day, and the bladder was now better, but he was not, and would not be well until the right thing was done. He thought this was the solution of this class of cases, and he would refer all who were interested in the subject to the work of Mercier.

The case of encysted calculi referred to by Dr. Otis suggested some that had occurred in his practice, although they were

not common. Last week he removed such a calculus from a gentleman sixty-nine years of age. Since the operation the patient was doing well, but he did not believe he would entirely recover for the reason that he had not before been able to empty his bladder, owing to cystitis causing contracture of the urethro-vesical orifice. The urine had in all probability been dammed back in the ureters, and his kidneys doubtless were damaged.

Dr. Frank H. Hamilton said he was convinced that Dr. Otis had thrown a great deal of light on the subject of reflex irritation caused by malformations of any sort at the meatus. He was reminded by Dr. Flint of a case which came under their mutual observation some years ago. The patient was suffering from uræmia and died. Before death Dr. Hamilton drew off a considerable quantity of urine with a large catheter, there was, therefore, no very marked stricture. There was rather a small meatus as there was some difficulty in introducing the catheter. The autopsy showed that the patient had hydro-nephrosis, and other related affections consequent upon the long continued disturbance. Whether the symptoms were due to occlusion of the meatus was a question which now first occurred to him. He did not think of it at the time as being a possible cause and no attempts were made to relieve it. He could not accept the possible explanation of Dr. Keyes, that the trouble began in the kidneys. It was well established that inflammatory actions here progressed in the opposite direction, from the meatus upward, very seldom from the kidneys downward; and as this patient suffered from thickening of the walls of the bladder, he would not ascribe this to pre-existing chronic inflammation of the kidneys. Dr. Keyes explained that he did not mean that the bladder difficulty was first caused by inflammation in the kidney, but that after calculi had passed from the latter organs, disease had become established, it might then have had something to do with the vesical affection.

Dr. Hamilton said that narrowing of the orifice did not always cause spasm in the bladder and chronic cystitis with thickening of the coats of the viscus, was illustrated by a large number of cases in the experience of every surgeon. He met with cases of congenital phimosis, in which there was almost constant narrowing of the meatus, with or without phimosis, and yet at no

time during life did the subject suffer from any spasmodic disturbances, or from any irritation of the bladder. A case in point was a patient, at least fifty years of age, who consulted him, had congenital phimosis with almost complete occlusion of the meatus urinarius, which was so small that he would not attempt to introduce an instrument larger than an ordinary probe. Just within there were about fifteen calculi which had formed at that point within the past fifteen or twenty years. During all this time he had had no trouble with the bladder or the neck of that organ. While, therefore, some cases of spasm of the bladder, and difficulty of micturition were due to narrowing of the urethral orifice, there certainly were cases where the latter deformity existed without producing the other symptoms; and he doubted whether the symptoms referred to were to be accounted for in the condition of the meatus so frequently as Dr. Otis would have us infer.

Dr. Otis closed the discussion, and mentioned the case of a young man who suffered from irritation, apparently at the neck of the bladder, and had been for a considerable time passing his urine every ten or fifteen minutes. He had never suffered from any acute inflammatory trouble. Dr. Otis found a narrow orifice, divided it, and for three days afterward he was obliged to introduce the catheter in order to draw off the urine. At the end of that time the patient micturated voluntarily at normal intervals, and continued well for a considerable length of time when his trouble again came on, and recontraction had taken place. When this was divided relief occurred a second time, but without the amount of retention which had taken place before. Dr. Otis was not at all certain that the relief in a considerable majority of cases which were associated with contracture of meatus, was not due to the passage of the instrument through the urethra into the bladder. He had been of opinion that in many cases this passage of the sound was essential to the production of relief, but he was equally confident and more than confident, that the independent influence of the condition at the meatus was sufficient to produce marked trouble at the neck of the bladder. However, he would not quarrel with any one as to the *modus operandi* by which relief was obtained in these cases, but would simply say that in the graver ones which had gone on for so long a time without relief, that it was

worth while to try the experiment of making the meatus correspond to the normal size of the urethra, which was easily ascertained, and then pass the sound. He was satisfied that life might be saved in this way. Dr. Hamilton had suggested that there were many cases of contraction of the meatus in which, nevertheless, there was no trouble. This was true, for the majority of the human race had a contracted meatus as compared with the size of the canal back of it, but a great many did so suffer. He had ascertained that as a rule in cases where trouble arose there had been some debilitating influence, for instance, sexual excess. He had observed the occurrence of reflex disturbance in those who had had gonorrhœa, and as many of these had a deposit of cicatricial tissue it was not impossible this cicatricial deposit had entangled terminal nerve corpuscles in such a way as to exert something like tetanic influence. For which reason he considered his explanation of the symptoms as the more probable one. Division of the constricted part gave relief from the reflex symptoms referable directly to the urinary passages, and also from a condition bordering on melancholia.

MYXŒDEMA.

LANNILIS, FRANCE, March 31, 1882.

Editor of the Chicago Medical Review,

I have received a copy of your Journal containing what is evidently a reference to myself. Owing to a typographical error in the Gazette des Hôpitaux, my name appears as Morral, and the claim to priority alluded to in this article is somewhat wrongly put. I do not claim priority in the discovery of the disease, but in its discovery in France. It is certainly well established that, as I have shown in the monograph herewith sent, Sir William Gull was the first to recognize the disease now generally known as myxœdema. Receive sir the assurance of my most distinguished consideration.

A. MORVAN.

CALCIUM SULPHIDE.

NEW YORK, April 20, 1882.

Editor of the Chicago Medical Review:

SIR:—You say in an editorial in your issue of March 15, 1882, "Drs. Pomeroy and Webster claim to have demonstrated that sulphide of calcium is of no earthly use." Now, if you will take the trouble to re-read my remarks in connection with Dr. Sex-

ton's paper, as reported in any of the journals, I think you will find that I made no such claim. The truth is, I had at that time, very little experience with the drug. What I meant to say, and what I did say in effect was, that I would not like to trust to sulphide of calcium alone in the treatment of cases of acute inflammation of the middle ear, at least without having seen a case or two brought through safely and comfortably by such means. It seemed to me that giving only one-tenth grain doses of sulphide of calcium three or four times a day in such cases, was almost equivalent to doing nothing for the patient. And I called attention as forcibly as I could to the fact that nearly all the cases of chronic suppurative inflammation of the middle ear that came under my observation, and that we so often fail to cure, were originally cases of acute inflammation for which nothing was done at the right time, and which might have been cured by prompt and well-timed treatment by leeching, hot applications, inflation, opiates to relieve the pain, and in some rare instances puncture of the swollen and bulging membrana tympani. When we consider how often chronic suppurative inflammation of the middle ear gives rise to complications which destroy life, how troublesome and filthy an affection it is, how destructive to hearing and how difficult to cure, we do not feel like temporizing with its initial stage. Of course there can be no objection to giving the sulphide of calcium along with other remedies in such cases, but I think we should not neglect to use every means in our power to relieve the pain and subdue the inflammation.

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THE Therapeutical editor of the Review heard by a private letter of the discussion at the meeting to which Dr. Webster alludes, and his correspondent used the exact expression which Dr. Webster cites from the editorial. The position taken by Dr. Webster in the letter is certainly one of the, if not the soundest which could be taken on the question.

A NIGHT medical service, similar to that of New York, is to be established in the city of Washington.

REVIEWS.

The International Encyclopædia of Surgery: A Systematic Treatise on the Theory and Practice of Surgery, by Authors of Various Nations. Edited by John Ashhurst, M. D., Illustrated with Wood Cuts and Chromo-lithographs. In Six Volumes. Volume I. New York; William Wood & Co., 1881; W. T. Keener, Chicago.

This new undertaking seems worthy of special attention. The first volume discusses inflammation, not only from the standpoint of the pathologist but also from its clinical aspect, erysipelas and pyæmia, hydrophobia and glanders, scrofula and tubercle, rachitis and scurvy, the inter-relations of diatheses and injuries, operative surgery in general, plastic and minor surgery, anæsthetics, shock, traumatic delirium and delirium tremens, and amputations. The work opens with a paper by Dr. Stricker, of Vienna, who discusses inflammation from a histological point of view. Like all of Stricker's productions it is characterized by painstaking minuteness rather than originality and suggestiveness. According to Dr. Stricker, inflammation is characterized by two features; an active hyperæmia and an active tissue metamorphosis. Neither of these features alone constitutes inflammation. Inflammation in its clinical and surgical relations is discussed by Dr. W. H. Van Buren, of New York, who thinks that at the present day, both chemical and bacterial sources of poisonous action of putrid substance play a part in the production of fever. "In traumatic fever there is a definite poison circulating in the blood, sometimes formed within, sometimes without the body." Dr. Van Buren appears to ignore largely the action of the nervous system in the production of fever. He makes some very interesting and valuable remarks on the diagnostic value of the odor of pus. He discusses fully the various indications for the prevention and treatment of inflammation.

Dr. Alfred Stillé makes a very critical and exact examination of the subject of erysipelas, but says nothing about the erysipelas predisposition to which attention has been directed by Verneuil. While strongly deprecating routine treatment, he lays great stress upon the use of quinine and tinctura ferri mur. Dr. Francis Dela-

field makes the following distinction between pyæmia and septicæmia: Pyæmia applies to those cases in which infarctions, abscesses and local inflammations occur, while septicæmia is applied to cases in which similar symptoms occur, but no lesions are found. Pyæmia is, however, the generic term for both classes of cases. Dr. Delafield is seemingly a strong believer in the germ theory, and takes a very pessimistic view of the treatment of pyæmia, which the editor endeavors to tone down somewhat by notes. Dr. H. T. Butlin, of London, goes carefully over the subject of scrofula and tubercle, but adds nothing new. Dr. Philip S. Wales, U. S. N., has an interesting article on scurvy. Dr. H. Verneuil, of Paris, discusses in an interesting manner the subject of the inter-relations of wounds and constitutional conditions. An article very valuable from a practical standpoint, Dr. Lyman's article on anæsthesia, is a condensation of his excellent compendium in the Wood's Library series. The paper on amputations by Dr. Ashhurst, is ably written, and very readable. The book is well issued, and presents an excellent appearance.

FROZEN SECTIONS OF A CHILD. By Thomas Dwight, M. D., Instructor in Histology in Harvard Medical School, with fifteen Drawings from Nature, by H. P. Quincy, M. D. New York: William Wood & Co., 1881; W. T. Keener, Chicago.

This is a series of plates representing sections through the frozen body of a three year old girl. The first section passes through the body of the sixth cervical vertebra. The second is made about two centimetres below the third section. The third and fourth sections are made through the region of the thymus gland. The remaining sections show the cardiac, pulmonary and intestinal relations very clearly. The drawings are well done and well reproduced, and are of much value from a topo-anatomical standpoint. Dr. Dwight is to be congratulated on this, the first attempt to follow the method of Braun in the United States. Typographically the book is in many respects a model.

HOMŒOPATHY, WHAT IS IT? By Dr. A. B. Palmer, Detroit, Michigan. Second edition. Detroit: Geo. S. Davis, 1882.

The second edition of this history of medical error is a slightly revised copy of

the first. To the review of the first edition there is little to be added except to notice a few errors. Dr. John C. Peters was not educated as a homœopathist, but resigned his membership in the New York County Medical Society to practice homœopathy. He is now one of the foremost advocates of the policy adopted by the New York State Society respecting consultations. The book is fairly well issued, but errors like "principal" for "principle" are by no means infrequent.

THE ONE HUNDRED AND ELEVENTH ANNUAL REPORT of the State of the New York Hospital and Bloomingdale Asylum. New York: L. H. Biglow & Co., 1882.

This is the report of these two old time-honored institutions of New York, and it is agreeable to find them both in a flourishing condition. The suicide which occurred in the Asylum last year, alluded to in the Review, was, it appears, due to no fault of the management, but was one of those unavoidable incidents which will occur in asylums despite the best care.

BOOKS AND PAMPHLETS.

Fourteenth Annual Report Central Free Dispensary of West Chicago. Chicago: H. O. Turner & Co., 1882.

Abraham Jacobi, M. D., New York. Infant Feeding and Infant Foods. Reprinted from the Medical News, February 18, 1882.

George M. Beard, A. M., M. D., New York. The Case of Guiteau; a Psychological Study. Reprinted from the Journal of Nervous and Mental Disease, January, 1882.

John T. Nagle, M. D., New York. Summary of the Births, Still Births, Marriages and Deaths in New York City during 1880.

A. B. Palmer, Detroit, Michigan. Science and Practice of Medicine. New York: G. P. Putnam's Sons, 1882; W. T. Keener, Chicago.

Proceedings of the Meeting held to express sympathy with the Jews in Russia. New York Hebrew Orphan Industrial School, 1882.

N. W. Kingsley, M. D. S. D. D. S., 25 West Twenty-seventh Street, New York. Civilization in Relation to the Decay of the Teeth. Reprinted from the International Medical Congress Transactions. New York: D. Appleton & Co., 1882.

James G. Kiernan, M. D., Chicago, Illinois. Simulation of Insanity by the Insane. Reprinted from the Alienist and Neurologist, April, 1882.

MARINE HOSPITAL SERVICE.

Irwin, Fairfax, Assistant Surgeon. Granted leave of absence for seven days. January 18, 1882.

O'Connor, F. J., Assistant Surgeon. To report to General Superintendent, L. S. S., for duty as member of board to examine keepers and crews of the Life Saving Service. January 4, 1882. Relieved on account of sickness, and directed to report to Surgeon in charge, New York, N. Y., for temporary duty. January 18, 1882.

To proceed to Detroit, Mich., and report for duty to the Surgeon in charge, February 9, 1882.

Banks, C. E., Assistant Surgeon. To proceed to Portland, Oregon, and assume charge of the Service at that port. March 1, 1882.

Urquhart, F. M., Assistant Surgeon. To report to General Superintendent, L. S. S., for duty as member of board to examine keepers and crews of the Life Saving Service. January 18, 1882.

Kalloch, P. C., Assistant Surgeon. To proceed to New York, N. Y., for temporary duty. January 24, 1882.

RESIGNATION.

Hebersmith, Ernest. Resignation as Surgeon accepted to take effect November 26, 1881. January 17, 1882.

PROMOTION.

Smith, Henry, Surgeon. Promoted and appointed Surgeon from January 20, 1885. January 20, 1882.

APPOINTMENT.

Kalloch, Parker C., M. D., of Pennsylvania having passed successfully the examination required by the Regulations, was appointed an Assistant Surgeon, by the Secretary of the Treasury, January 23, 1882.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department, United States Army, from March 29, 1882, to April 12, 1882:

Newton, R. C., First Lieutenant and Asst. Surgeon. When relieved by Asst. Surgeon Ocmegys, to proceed to Fort Cummings, New Mexico, and report to the commanding officer for duty, S. O. 40, C. S., Dept. of the Missouri.

Raymond, H. I., First Lieutenant and Asst. Surgeon. Relieved from duty at the Presido of San Francisco, and assigned to duty at Alcatraz Island, California. S. O. 28, Mil. Div. of the Pacific, and Dept. of California. February 15, 1882.

Spencer, Wm. G., Captain and Assistant Surgeon. Relieved from duty in the Department of the Columbia, to proceed to New York City, and, on arrival, report by letter to the

- Surgeon General. S. O. 46, A. G. O., February 27, 1882.
- Robinson, S. Q., Captain and Assistant Surgeon. To report in person to the President of the Medical Examining Board, in Session in New York City, for examination for promotion, and, on its conclusion, to report by letter to the Surgeon General. S. O. 52, C. S., A. G. O.
- Powell, J. L., First Lieutenant and Assistant Surgeon, Fort Stockton, Texas. Granted leave of absence for one month. S. O. 19, Department of Texas, February 24, 1882.
- Frantz, John H., Major and Surgeon. Died at Baltimore, Md., on March 2, 1882.
- Greenleaf, Chas. R., Major and Surgeon. Relieved from duty in Dept. of Dakota, to proceed to New York City, and on arrival report, by letter, to the Surgeon General. S. O. 78, A. G. O. April 5, 1882.
- Woodhull, A. A., Major and Surgeon, now awaiting orders, to report in person to the commanding officer of the recruiting department, David's Island, New York Harbor, for duty at that port. S. O. 78, C. S., A. G. O.
- Williams, Jno. W., Major and Surgeon. Relieved from duty in Dept. of the Missouri, to proceed to Washington, D. C., and report to the Surgeon General. S. O. 78, C. S., A. G. O.
- Waters, W. E., Major and Surgeon. Relieved from duty in Dept. of Texas, to proceed to Washington, D. C., and report to the Surgeon General. S. O. 78, C. S., A. G. O.
- Jaquett, G. P., Major and Surgeon. Relieved from duty at David's Island, New York Harbor, to proceed to his home and report by letter to the Surgeon General. S. O. 78, C. S., A. G. O.
- Brown, J. M., Major and Surgeon. Relieved from duty in Dept. of the Missouri, to proceed to Cincinnati, Ohio, and on arrival report by letter to the Surgeon General. S. O. 78, C. S., A. G. O.
- Cleary, P. J. A., Captain and Asst. Surgeon. Relieved from duty in Dept. of the East, and on expiration of his present sick leave of absence, to report by letter to the Surgeon General. S. O. 78, C. S., A. G. O.
- Cronkhite, H. M., Captain and Asst. Surgeon. Granted leave of absence for four months, from June 1, 1882. S. O. 80, C. S., A. G. O.
- Carvallo, Carlos, Captain and Asst. Surgeon. The extension of his leave of absence on surgeon's certificate of disability, granted him in S. O. 256, November 12, 1881, from A. G. O., is still further extended six months, on account of sickness. S. O. 80, A. G. O. April 7, 1882.
- Lauderdale, J. V., Captain and Asst. Surgeon. Having reported by letter to these headquarters, is assigned to duty at Fort Sully, D. T., to which post he will proceed and report for duty. S. O. 47, Dept. of Dakota. March 27, 1882.
- Moseley, E. B., Captain and Asst. Surgeon. Relieved from duty in Dept. of the Platte, to proceed to New York City and, on arrival, report by letter to the Surgeon General. S. O. 78, C. S., A. G. O.
- Maus, L. M., Captain and Asst. Surgeon. Relieved from duty at David's Island, New York Harbor, to report in person to the commanding general, Dept. of the Missouri, for assignment to duty. S. O. 78, C. S., A. G. O.
- Kilbourne, H. S., Captain and Asst. Surgeon. Relieved from duty in Dept. of the East, and to report in person to the commanding general, Dept. of Dakota, for assignment to duty. S. O. 78, C. S., A. G. O.
- Taylor, M. E., Captain and Asst. Surgeon. Relieved from duty in Dept. of the Missouri, to proceed to St. Louis, Mo., and, on arrival, report by letter to the Surgeon General. S. O. 78, C. S., A. G. O.
- Gardiner, John de B. W., Captain and Asst. Surgeon. To report in person to the Commanding General, Dept. of Arizona, for assignment to duty. S. O. 71, A. G. O. March 28, 1882.
- Spencer, Wm. G., Captain and Asst. Surgeon. Granted leave of absence for four months, with permission to apply for an extension of two months. S. O. 80, C. S., A. G. O.
- Gardner, Edwin F., Captain and Asst. Surgeon. To report in person to the Commanding General, Dept. of the Columbia, for assignment to duty. S. O. 71, A. G. O. March 28, 1882.
- Corbusier, W. H., Captain and Asst. Surgeon. Now awaiting orders, to report in person to the Commanding General, Dept. of the East, for assignment to duty. S. O. 78, C. S., A. G. O.
- Robinson, Samuel Q., Captain and Asst. Surgeon. To report in person to the Commanding General, Dept. of the Columbia, for assignment to duty. S. O. 71, A. G. O. March 28, 1882.
- Davis, W. B., Captain and Asst. Surgeon, now awaiting orders, to report to the Commanding General, Dept. of the Platte, for assignment to duty. S. O. 78, C. S., A. G. O.
- Cherbonnier, A. V., Captain and Medical Storekeeper. Granted leave of absence for four months on surgeon's certificate of disability. S. O. 77, A. G. O. April 4, 1882.
- The following named officers of the Medical Department will report in person to the President of the Medical Examining Board, in session in New York City, for examination for promotion, and on its conclusion return to their stations:
- Captain Wm. H. King, Asst. Surgeon, Fort Mc Henry, Md.
- Captain H. S. Turrill, Asst. Surgeon, Madison Barracks, N. Y.
- Captain O. Reed, Asst. Surgeon, Washington Barracks, D. C.
- Captain H. S. Kilbourne, Asst. Surgeon, Fort Porter, N. Y.
- Captain M. W. Wood, Asst. Surgeon, Fort Brady, Mich.
- Captain R. W. Shufeldt, Asst. Surgeon, Washington, D. C.
- Captain H. O. Perley, Asst. Surgeon, Fort Columbus, N. Y. H.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.
EDWARD C. SPITZKA,
Diseases of the Nervous System and of the Mind.
CHRISTIAN FENGER,
Surgery.
E. C. DUDLEY,
Gynæcology.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.
HARVEY W. WILEY,
Chemistry, Toxicology and Public Hygiene
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THE REIGN OF FABLE.—The Review sincerely regrets to find one of its cherished illusions dissipated. It had long entertained the opinion that the New York physicians were endowed with considerable intellectual power. This opinion has been proven baseless by the Medical News. That journal after arguing with the New York physicians, expostulating with them, and it might be said vituperating them were it not that this is too strong a designation for anything emanating from the city of brotherly love, suddenly dons the garb of Æsop and with an enterprise at which the Review as a brother member of the medical press feels rejoiced, launches a fable at them. This last destroyed all the Review's belief in the New York medical profession. Fables are usually intended to teach children, or races, in an infantile stage of development, wisdom. While the Medical News argued or expostulated with the New York profession, there was still some evidence to make the Review cherish its illusions, but when the Medical News abandoned argument and expostulation and in despair resorted to fables but one conclusion could be drawn; the News regarded the New York physicians as having only the mental condition of children. The Review bows with humility to the psychological knowledge of the News. To be sure this has been ridiculed by the best

American alienists, but the Review nevertheless clings to the opinions of its brother member of the medical press. The New York physicians must have minds of infantile capacity only, or the News surely would not indulge in a fable such as would make Æsop commit suicide in despair at the incredible badness of the imitation. The Review feels deep sympathy with the New York profession in their unhappy condition. It is, however, puzzled to determine when the profession of New York fell so low in intelligence. They passed a resolution exhibiting no very great intelligence from a scientific standpoint, but for this, the News praises them.

THE IMPARTIAL REVIEWER.—This is a personage who is invoked chiefly in the preface of medical works. The less digested and the poorer the medical book, the more fulsome the appeals in it to the impartial reviewer. The reviewer of this type, like Sydney Smith, must be one who never reads the book he is about to review, lest the same prejudice him. This style of reviewers must be very numerous. It is otherwise difficult to account for the fact that works full of errors of diction replete with physiological absurdities are highly praised. There are works which no sensible publisher would accept but on condition that all risk be taken by the author, yet by dint of impartial reviews the profes-

sion is induced to invest in books that rapidly find their way into the hands of the second-hand book dealer. To review a book on its merits is, but too frequently, to affront both the author and the publisher. The former grows indignant and expostulates with the reviewer; the latter resorts to the infantile trick of withholding suspicious works. If the reviewer be not too keenly sensitive of his duty, he is somewhat rejoiced at being relieved from the labor of reading trash. Few departments of medical journalism are of more importance. None are more abused.

THE USE OF COPYRIGHTED PREPARATIONS has been of very late the subject of very animated controversy. It is stated on the one hand that the use of these preparations reduces the physician toward the level of the prescriber of patent medicines. Also that such prescriptions tend to encourage the use of patent medicines among the laity. On the other hand, it is claimed that nothing is so necessary to the physician as pure drugs, and that the copyright system tends to ensure these. Thus Squibb copyrights his own name, and thereby guarantees the purity of any of his preparations. Other manufacturers claim that going a little further tends to ensure reliability of drugs still more, and so copyright names of compounds and terminology. A great objection to the copyrighting of preparations, even though the formulæ be known, is that they cannot be introduced into the pharmacopœia, which is a peculiarly limited work, and should not be subject to the influences of competing pharmacists. This question, however, is not more ethical in its nature than are a number of others which from time to time have figured in that arbitrary instigator of petty squabbles called the "Code of Ethics." Any manufacturer has an undoubted right to copyright the name of a preparation if he chooses. If any physician thinks copyrighted preparations best for his patient, it is his duty to prescribe them and neither

manufacturer nor physician can properly be considered as ethical or unethical for so doing. It must, however, be admitted that the best trained physician will be entirely able to adapt to each individual case its own peculiar combination of medicines. The necessity therefore for stereotyped pharmaceutical formulæ presupposes a radical defect in the capacity of a considerable number of the profession. And it is undoubtedly true that the great success of many copyrighted stereotyped preparations is due very considerably to our own shortcomings rather than to those of the manufacturers, who as business men have not been slow to appreciate, and to profit by the existing order of things.

RHYTHMICAL CONTRACTILITY OF THE SPLEEN.—Dr. C. S. Roy, London, England, (Cambridge Journal of Physiology, January, 1882,) has recently been investigating the changes in volume in the spleen by means of an instrument of his own invention, and has arrived at some remarkable results. He has arrived at the conclusion that the circulation through the spleen differs from that of other organs in one important particular; the force which impels the blood through it is not that of the blood pressure in the arteries. The splenic circulation is chiefly carried on by a rhythmic contraction of the muscles of the capsule and trabeculæ of the spleen. This rhythmical contraction is very regular, varying but slightly under any circumstances. Changes in arterial blood pressure have little to do with the volume of the spleen. Stimulation of the central end of a cut sensory nerve, or of the medulla oblongata causes contraction of the spleen. Stimulation of both splanchnics, and both vagi causes a rapid contraction; after section of these four nerves stimulation of a cut sensory nerve still causes contraction. This fact seems to indicate that the rhythmic diastole and systole are maintained by some mechanism within the spleen itself. These researches are of special interest.

OSTEOTOMY is indicated, according to Pradignac (*El Genio Medico-Quirigico*), First: In rachitic deformities of the inferior members during osseous eburnation, simple or cuneiform osteotomy should be practised in children of six to ten years. Second: Anchylosis of the lower jaw demands imperatively simple osteotomy by Rizzalli's method. In anchylosis of the hip in children it is contra-indicated by fracture of the neck of the femur. In the adult in case of inter-trochanteric or sub-trochanteric fracture, osteotomy may be performed. Anchylosis of the knee, with intimate, heavy union, indicates the cuneiform variety the best method of treatment. It is also indicated in anchylosis of the ankle or tarsal articulations and fractures consolidated in a vicious manner, when extension or rupture has been unsuccessful. Third: Total osteotomy is preferable to partial in genu-valgum of adults. The operation should always be done under Listerian precautions.

HYDROPHOBIA.—Dr. Gutierrez (*Revista de Medicina y Cirurgica Practicas*) claims to have cured five cases out of six of hydrophobia, by the use of chlorine. After thoroughly cauterizing the wound, he administers one and one-fifth grammes of chlorine in twelve ounces of water, in three doses. On the third day the chlorine is increased to one and three-fifths grammes. Although Dr. Gutierrez claims that his diagnosis was positively correct, certain of the cases are not hydrophobia but lysso-phobia, and in some of the others the disease had not had time to develop.

RELIGIOUS NEWSPAPERS AND "BOTANIC MEDICINES."—Some benighted patent medicine man took the *Alienist and Neurologist* for a religious journal. The recent article of the editor on moral insanity doubtless led to this mistake, which, however, does not reflect credit on the patent medicine man's intelligence. The editor makes the following apt editorial reply: "To the

Agnes Botanic Company: The *Alienist and Neurologist* is not a religious journal, its editor is not a divine (that point at least is settled), and is not interested in disseminating the wonderful virtues of the 'Sister Agnes Herb Cure,' and consequently cannot engage to hand your communication 'to the principal newsdealer of our congregation.'"

MERCURIC CYANIDE IN OCULAR SYPHILIS.—Dr. Galezowski (*Le Progrès Médicale*, April 15, 1882,) claims that hypodermic injections of mercuric cyanide have a special action in ocular syphilis, not only local but of cerebral origin. The drug is given in injections of from five to ten milligrammes, carefully watched. Among the affections in which Dr. Galezowski has had good results from mercuric cyanide are, syphilitic iritis with corneal infiltration, syphilitic iritis with punctate keratitis, irido-choroiditis and punctate keratitis, and syphilitic atrophy of the optic disc.

IODOFORM IN DENTISTRY.—Dr. Scheff, Vienna (*Deutsche Vierteljahrschrift für Zahnkunde*), claims that iodoform, by virtue of its quick caustic action, is a good means of relieving the pain of exposed dental nerves, especially as a substitute for arsenious acid, the application of which is attended with much pain and frequently followed by periostitis. The advantages claimed for the remedy are that it produces no irritation nor any inflammation of the periosteum and leaves no scars. In addition to this, the combined action of iodoform as a cleansing and disinfectant application to wounds renders it a desirable caustic especially when inserted beneath a temporary filling or for capping the exposed, though not yet decayed pulp. Scheff employs it in the paste of Dr. Paschkis thus: Powdered iodoform, kaolin, aa. 4.00, acid carbolic, powdered crystals, 0.50; mix with enough glycerine to make a thin paste, then add ten drops of the æthereal oil of peppermint after triturating.

VIOLA TRICOLOR IN ECZEMA.—Dr. H. G. Piffard (Medical Record, April 29, 1882,) is inclined to believe that *viola tricolor* is a specific in eczema, in the same sense that quinine is a specific for ague. He uses a fluid extract prepared by Squibb; the dose being, in adults, from five to ten minims in acute eczema, and from half a drachm to two drachms in sub-acute and chronic eczema. The drug should be taken in water once, twice, or thrice a day, always on an empty stomach, and when possible, half an hour before meals.

NAPHTHOL POMADE IN SCABIES.—Dr. Hardy (Le Progrès Medical, April 15, 1882) has had very good results from naphthol pomade in scabies and phthiriasis. The powdered naphthol is dissolved in half its weight of ether. This solution is mixed with one part of vaseline and the ether slowly evaporated. The resulting semi-fluid mass is triturated with more vaseline, and kept in closed vessels. For many reasons the pomade thus made would seem less objectionable than most measures now in use for the treatment of scabies.

FORMATION OF HYALINE TUBE-CASTS.—V. Cornil has (The Practitioner, February, 1882,) studied the morbid kidney changes in albuminous nephritis by aid of pathological specimens from a case occurring spontaneously in man, which also demonstrates the mode of formation of hyaline cylinders. The patient, after exposure to cold, had an attack of acute Bright's disease. Death, preceded by anasarca and uræmic coma, occurred seven weeks later. Examination of the swollen, injected kidneys showed very plainly the rôle of the renal cells in the production of intra-tubular exudation. A vacuole filled with liquid first forms in the interior of the epithelial cells, which projects; then the wall of the cell breaks, a little drop falls into the cavity of the tubule. These clear or granular globules are observed in greater or less quantity, in a greater or less number of

tubules, in every case of albuminuria. The chemical nature of these globules has not as yet been perfectly determined. The exudation besides is composed of red blood-corpuscles, leucocytes and blood-serum, the latter constituents being more manifest in these glomeruli. The farther these different parts of the exudation pass on from the place where they have been poured out, the more they become mixed into a homogeneous mass, which coagulates. So originate hyaline casts. The narrow parts of the tubule composing Henle's loop form a kind of wire-drawing apparatus, and as the colloid coagulum passes through these it is drawn out, taking a regular form, which it preserves in the wide intermediate convoluted parts of the tubule and in the straight tubule. Thus constituting veritable hyaline casts.

CURATIVE OILS.—To the factitious value still attached to some remedies of animal origin attention has been called by the Oil, Paint and Drug Reporter. To the list may be added angle-worm oil, which can be procured of "any of the leading wholesalers" at fifty cents an ounce. "Some people still hold to curious old superstitions concerning the curative properties of certain animal oils; and to hear of the strange articles called for by some of the apothecary customers is to be reminded of the vagaries of early medicine. There are persons who still have great faith in the virtues of rattlesnake oil, and believe it a specific for rheumatism. A traveling quack who announced that his cure-all was compounded of rattlesnake oil, reaped a silver harvest from crowds on the square of a large city, not long ago. There is a frequent demand for pickerel oil which is tried from the livers of pickerel, and is said to be a cure for deafness. Mud turtle oil is called for by people who have stiff joints. But two or three years ago all these oils were staple articles in drug stores. Pickerel oil sold for fifty cents an ounce, and turtle oil for one dollar a pint."

DIABETIC OTITIS.—Dr. Maurice Raynaud (*Annals de l'Oreille et du Larynx*) calls attention to a hitherto undescribed form of otitis, occurring in diabetics. A man in the later stages of diabetes was taken suddenly one evening by a violent pain in the ear. In the middle of the following night a pretty abundant hæmorrhage occurred in this ear which afforded some relief to the pain. During the following day a sanguiniferous fluid flowed from the ears. This flow persisted until death, twenty-three days after the outset of the symptoms first mentioned, but latterly the fluid did not contain any blood. Beside this flow there were some symptoms of an otitis media. On the autopsy there was found an ostitis of the mastoid cells, these being found filled with a purulent liquid. Dr. Raynaud thinks this case deserves mention, and believes that the symptoms mentioned should lead to the belief in an unrecognized diabetes.

DIPHTHERITIC CONJUNCTIVITIS.—Dr. A. Vossius Giessen, Germany (*Klinische Monatsblatt für Augenheilkunde*, November, 1881), claims good results from the use of a four per cent. glycerine solution of salicylic acid in this disease. A case of diphtheritic conjunctivitis associated with diphtheria of the fauces recovered under its use when aqueous solutions of carbolic, salicylic, and boracic acid had been tried in vain. The salicylated glycerine was painted on the conjunctival surfaces every half hour. There was an immediate reduction of the swelling of the lids and the chemosis, and a large corneal ulcer healed.

LOSS OF NAILS IN TABES.—Dr. Pitres (*Le Progrès Medical*, No. 8, 1882,) reports three cases of locomotor ataxia, in which there was spontaneous loss of the nails of the great toe. There was for some weeks previous dull pain and a sensation of throbbing in the great toe. There was no supuration or ulceration of the matrix, and the nails were rapidly replaced by new ones of normal character.

IODOFORM IN OPHTHALMIC SURGERY.—Dr. Karl Grossman, Stanley Hospital, Liverpool (*Ophthalmic Review*, April, 1882), says that iodoform seems to be of the greatest value in purulent conjunctivitis both of simple and virulent nature. Even those cases, in which infection has taken place and is already developed to its full height, may be checked by it.

ASCLEPIAS CURASSAVICA.—Dr. Guimaroës, Rio Janeiro (*Uniao Medico*), has been investigating the physiological properties of bastard ipecacuanha (*asclepias curassavica*), and has found that its active principle is a cardiac poison, somewhat similar to digitalis. It is an excitant of the vaso-motor centre. The solutions obtained by maceration of the stalks, and obtained in like manner from the roots, act with unequal intensity.

PSYCHOSES FROM CEREBRAL HÆMORRHAGE.—Dr. Mendel, Berlin, Germany, (*Deutsche Medicinische Wochenschrift*) says concerning these that the most frequent form of psychical disturbance after cerebral hæmorrhage is a mental debility in all degrees from slowly acquired haziness of intellect to the most profound dementia. In an other class of cases, intelligence seems but slightly impaired and frequently indeed exhibits no defects, but the patient becomes irritable, easily moved to tears, at times remaining unaffected under the most trying circumstances. There is rarely a third form of psychical disturbance. Dr. Mendel has seen it but five times in patients suffering with right hemiplegia. In these cases beside the psychical disturbances described above, there were developed hallucinations. The three cases observed by Mendel recovered, but a slightly defective memory was left. That progressive paresis may develop as the result of cerebral hæmorrhage has been often affirmed, but Dr. Mendel is of opinion that no positive conclusion can be drawn with regard to the relation between them.

CAPILLARY DRAINAGE OF THE PERITONEUM.—Dr. F. Kehrer (*Centralblatt für Gynakologie*, No. 3, 1882,) recommends in drainage of the peritoneum the use of a double glass drainage tube something like a tracheotomy tube with blind ends like a test tube, but with numerous apertures in the sides. The inner tube is packed with worsted strings and can be easily slipped out and filled without disturbing the other tube when the capillarity of the worsted is entirely destroyed.

PROLONGED GESTATION.—Dr. Lewis A. Rodenstein (*New York Medical Journal*, May, 1882,) reports four well established cases of prolonged gestation. In the first case, gestation occupied a whole year; in the second case, three hundred and twenty-one days; in the third case, three hundred and thirty-five days, in the fourth case, three hundred and fifty days. These cases tend very strongly to support the justice of the French law, that the legitimacy of a child born within three hundred days after the death or departure of the husband, cannot be questioned.

GLONOINE IN THERAPEUTICS.—Dr. Kroczyński, Cracow, Russia (*Wiener Medicinische Wochenschrift*), reports twenty-six cases of pulmonary, cardiac, and nervous diseases in which glonoine was used. In six cases of bronchial asthma the attacks were lessened in all, and in four cases out of the six the attacks wholly disappeared after the regular use of glonoine for some time. Thirteen cases of nervous asthma, of which two were hysterical, were not much benefited. Two cases of stenocardia caused by aortic aneurism, were markedly benefited, and one of them, apparently, completely relieved. The three cases of cardiac palpitation were markedly improved. In two cases of nervous origin the palpitation entirely disappeared, while in the third which was due to organic disease of the semi-lunar valves, the attacks temporarily ceased. Five out of six cases of

angina pectoris were decidedly benefited. A case of chorea minor apparently due to congenital chlorosis was cured in twenty-five days. In hysteria major, mercurial tremor and diabetes mellitus, the drug was of no avail. These results are to some extent corroborated by Dr. Green (*Practitioner*, February, 1882,) whose opinion is that this drug is in usefulness equal to digitalis. Dr. W. A. Hammond (*Chicago Medical Review*, October 20, 1881) has had good results from it in migraine, hemicrania, epilepsy, and angina pectoris.

SCARLATINA COMPLICATING MEASLES.—This condition of things while not exceptional, is rather infrequent, and the case reported by Dr. Herzog (*Berliner Klinische Wochenschrift*, No. 7, 1882,) is therefore of interest. After the usual prodromata of the exanthemata, the patient had within twenty-four hours the eruption of measles, slight bronchitis and conjunctivitis. While this eruption was scaling, a scarlatinal eruption made its appearance on the body, accompanied by rise of temperature. The patient convalesced perfectly.

DEAF-MUTISM.—Dr. Boucheron (*Cincinnati Lancet and Clinic*, April 8, 1882,) lately made a communication to the Medical Section of the Paris Academy, in which he expressed an opinion that the co-existent state of deafness and dumbness so often observed is owing to the compression of the acoustic nerve. This compression is the result of the vacuum existing in the cavity of the tympanum. This vacuum causes the external air to press on the membrane, and thus on the ossicula, and finally on the liquid of the labyrinth and the nerve. By frequent insufflation into the Eustachian tube, Dr. Boucheron succeeds in destroying the vacuum, and thereby the pressure on the nerve, and deafness is cured. Dr. Boucheron has restored in some cases, to the apparently deaf and dumb, and even idiotic, the faculty of hearing and of speech.

ABORTION WITHOUT PAIN OR HÆMORRHAGE.—Dr. W. Girdner, Greenville, Tennessee, (Medical Gazette, November 26, 1881,) reports the following exceedingly exceptional case: A woman, aged twenty-seven years; married; multipara; was pregnant about nine weeks. About six o'clock on the morning of October 20, when entering the dairy, the door fell from its hinges and knocked her to the ground. She got up and went about her household duties as usual. About five o'clock the same afternoon, when in the act of micturition, a foetus, about the size of a small mouse dropped from her, the act being wholly unattended by pain or hæmorrhage. Three hours later, the secundines came away without hæmorrhage, and with only a slight trace of pain. He saw her on October 22, two days after the abortion, and she expressed herself as well as usual. There has been no discharge of any kind from the vagina to indicate rupture of the attachments of the contents of the impregnated uterus, nor have pain or any other symptoms been present as evidence of this interference with the process of gestation.

DELIRIUM FROM SALICYLIC ACID.—Dr. Charles C. Barbows (Medical Record, April 29, 1882,) reports eight cases of delirium from salicylic acid. The patients became delirious after about two days treatment. The delirium, as might have been anticipated, markedly resembles acute alcoholism; sometimes it has passed into mania transitoria. Similar cases have been reported in the British Medical Journal, January 29, 1881, and by Bogdanow (Wratch No. 12, 1882). This property of salicylic acid has been hitherto much ignored.

SENSORY IMPULSES IN LOCOMOTOR ATAXIA.—Fischer (Berliner Klinische Wochenschrift, 33, 1881,) has recently examined five cases of tabes to determine the relative rate of transmission of sensations of touch and pain. Such experiments require patients, intelligent enough to give an accurate

description of their feelings. The retardation of impressions of pain may be considerable. He found it once to extend to fifteen seconds. Sensations of touch may be delayed longer than those of pain. The delay may vary during the experiment; it may become less on repeating the stimulus; or, contrarywise, the stimulus may cease to be perceived at all. Retardation of other sensations (temperature, pressure, etc.) was not clearly demonstrated. The author does not offer any explanation of the retardation.

POST GRADUATE COLLEGE.—A college of this kind has been instituted in St. Louis, whose object is to teach medical practitioners, by practical instruction, the special branches of medicine and surgery. There will be twelve departments, so arranged that special courses may be taken with as little loss of time as possible. The following gentlemen have been elected to fill part of the departments: Drs. T. F. Rumbold, E. Borck, W. H. Ford, W. Dickinson, W. B. Outten, F. T. Ledergerber, Attorney at Law, and Dr. C. H. Hughes. For further particulars, enquire of the Dean, Dr. T. F. Rumbold, 1225 Washington Ave., St. Louis, Missouri.

ANCHYLOSIS IN INFANTILE PARALYSIS.—Some cases reported by Dr. Albert (Lancet) have excited a good deal of interest. Struck by the fact that many cases of infantile paralysis are condemned to the life-long use of complicated apparatus to compensate for the loss of rigidity in the lower limbs, he has attempted to increase the use of the legs by operation. He excises the knee and ankle-joints, and thus obtains bony ankylosis between the femur and tibia, and tibia, fibula, and astragalus. The rigid lower limbs in walking are swung forward by the abductor and great flexor muscles of the hip joint, which generally retain or recover their power. This treatment has already been carried out in four cases, and a fifth is now preparing for the performance of the operation.

HYPNOSIS.—Dr. Milne-Edwards (*Journal de Médecine et de Chirurgie Practiques*, April, 1882,) claims that the frequent hypnotization of animals results in serious consequences, amounting to hemiplegia at times. He hence concludes that hypnotization frequently repeated is likely to have similar effects on man, and is consequently more or less dangerous.

INSANITY IN CHILDREN.—Dr. Magnan (*Journal de Médecine et de Chirurgie Practiques*, April, 1882,) reports a case of insanity in a child four years old, marked like most cases of insanity in children by hallucinations, and attempts at suicide. The child, a boy, was born in Paris during the siege of 1870, and the paternal grandfather and uncle died insane. The father became insane at the age of twenty-eight, and entered the asylum at the same time as his child. The child was markedly melancholic on admission.

RESEARCHES ON MOULD.—Dr. Grawitz, of Berlin, has been engaged for seven or eight years upon a series of experiments which have an interesting practical bearing upon theories of the immunity following exposure to the influences of poison by inoculation or otherwise. Occupying himself with the larger fungi, such as *aspergillus* and *penicillium*, whose spores are several hundred times the size of a micrococcus, he obtained results already cited in the Review, Volume III., p. 220, and subsequently in an address before the Congress of the German Surgical Society last April. This address, published in *Langenbeck's Archiv* for July, 1881, was to be the prelude to further and fuller reports of his observations. In the mean time Grawitz's published results and deductions therefrom have been attacked, and their value badly impaired by Koch, Gaffky, Lichtheim and Löffler (*Boston Medical and Surgical Journal*) who detected fatal defects in Grawitz's methods. His cultivations were not strictly guarded against mixed races of fungi, were

not "pure," and a fungus, *aspergillus glaucus*, which he had treated as innocent under ordinary conditions was shown to possess malignant properties without being subjected to even so mild a form of cultivation as an increase of temperature. The net results of this controversy and these labors seems to be that as Dr. Struck, director of the Royal Health Bureau, Berlin, thinks the present state of knowledge may be expressed thus: "that the malignant fungi are specific organisms, which are begotten by and beget only their like," and R. Koch somewhat more guardedly though as positively announces that the reverse has yet to be proved. The study of fungi, however, indirectly had the result of leading Israel, a fellow laborer of Grawitz, to the description of actinomycosis as a disease in man, and his investigations in turn suggested to Ponfick the existence of precisely the same disease in cattle.

SALIVARY CALCULUS.—Dr. E. V. Mully (*El Siglo Medico*,) has observed the development of a salivary calculus in his own mouth. The difficulty at first slight, arose in June, 1879, at a point little below the tubercle on the right side of the frenulum, corresponding to the location of Wharton's duct. By pressure with the tongue in a certain position, he could cause to exude from this orifice a somewhat concentrated saliva. On account of increasing interference with the movements of his tongue, the swallowing of solid substances being rendered impossible, the patient determined on August 1, to attempt to secure relief. By passing into his mouth his thumb, forefinger and middle-finger and making firm pressure over the duct he forced out a large quantity of acrid, fetid, yellowish-green ichor, in which he found a hard, ovoid stone of a bright yellow color, rough externally, fifteen millimetres long, and six millimetres broad, four millimetres thick, with a circumference of thirty-five by fourteen millimetres, and weighing thirty-two grammes. No after effects were observed.

DRY CLOSETS.—Mr. James Hain, Weyford, England, strongly advocates the "dry closet" as preferable to any system of sewage irrigation or precipitation. The pails which are set in these dry closets for the reception of the excreta are partly filled with peat dust and pulverized coprolite, i. e., tricoleic phosphate. Burned bone which is of the same composition, is better than the native mineral as an absorbent and deodorizer, but it is also much more expensive. The contents of the pails when removed are treated with oil of vitriol, which renders the phosphoric acid mostly soluble and thus fits the whole mass for fertilizing purposes. By thus utilizing the excreta, it is thought that the system will become self-supporting. The above method appears to be the most promising yet proposed for the successful removal and use of human excreta.

NEW HYGIENIC IDEAS.—When Dwyer, the celebrated pugilist, died last month having recently been a clerk, the Medical Record made some rather extraordinary editorial comments. "The cultivation of a powerful muscular development does not of itself insure health and long life. It may even entail a certain danger. The man who makes an athlete of himself must continue one, or else drop his exercise with slowness and caution. Our ex-pugilist accepted a sedentary occupation after he had cultivated his lungs to perhaps double the capacity needed in such an employment. A disused organ degenerates and becomes liable to disease. The robust chest of the country youth may be a source of danger to him if he adopts life in a city office. A fine physical development does not necessarily insure a long life. Robustness is only a relative term. In the physical education of youth, therefore, we should aim to make every organ healthy, not hypertrophied. The law that the organism must be adapted to its environment was well illustrated by the prize-fighter, who was attacked with consumption eighteen months

after he had left the ring for a city office." The fact is that this man died (*American Medical Weekly*, April 8, 1882), from intemperance long persisted in despite repeated warnings; and his change of life had little to do with his death. But had he really suffered from such a change, to argue that his athletic habits, his open air life, and physical exercise, by so much induced his death is illogical, and at variance with the teachings of medical science.

EYES IN INSANITY.—It is somewhat astonishing to find such absolute statements as these made in the *London Lancet*. "A truce to the nonsense, written and talked, about the appearance of the eyes as an indication of insanity. Excluding certain peculiarities with reference to the relative size of the pupils and the mobility of the irides, which, albeit they are not in the least degree understood even by the most erudite of experts, are commonly spoken of as pathognomonic signs of mental disease, there are no appearances of the eyes worthy of a moment's serious consideration in the diagnosis of insanity. The wildness, unnatural brightness, restlessness, dulness, vacancy, etc., which are so frequently mentioned in certificates of insanity, are utterly valueless as evidences of mental unsoundness." It is obvious at the first glance that the writer of this is a dilettante psychiatrist. While not an absolute test, the appearance of the eyes in many cases of acute insanity is a valuable aid in differential diagnosis. Many types of melancholia, some of the cases of insanity of pubescence, and many cases of katatonia will present themselves under conditions where the appearance of the eyes is a valuable guide to the physician. It is obvious that the writer of this had but little experience with insanity, or he would know that the cerebral conditions of the various psychoses are the most opposite, and that some things concerning one form of insanity cannot be predicated of other varieties. Which shows the statement to be much too positive.

HYPODERMICS OF MERCURY IN SYPHILIS.—Dr. Ravoglia (Cincinnati Lancet and Clinic, April 22, 1882,) concludes concerning these that: First: The subcutaneous method is the most easy treatment for syphilis. Second: That the best solution is one gramme of sublimate in one hundred grammes of water, one injection of one gramme of the solution every two days. Third: That the proper place for injection is the region of the glutei muscles not very far from their insertion in the iliac bones. Fourth: It is necessary to insert the needle horizontally in the muscular mass in its whole length. Fifth: No abscess or any other resulting irritations have been observed. Sixth: Twenty to thirty injections are necessary in a common case to complete the cure.

OPHTHALMOSCOPIC EXAMINATION IN AURAL DISEASE.—Zaufal (Cincinnati Lancet and Clinic) says that ophthalmoscopic examination ought to be practiced in affections of the membrana tympani, particularly in acute and chronic suppurative otitis, in whatever phase the disease is seen, and hence even when no alarming cerebral symptoms have yet manifested themselves, since it has been proven by experience that mucous catarrh can produce intracranial diseases in these cases. Also, in cases where the organ presents a negative appearance, or there exists a hardness of hearing or deafness, subjective noises, vertigo, etc., the use of the ophthalmoscope may recognize whether the disease is localized in the labyrinth, or in the cranial cavity, or whether it occupies both regions at the same time. Ophthalmoscopic study of the eye is indispensable for determining the necessity for trephining the mastoid process. It can show the extension of the inflammation toward the intracranial cavity (meningitis, thrombosis of the sinuses, etc.), before any symptoms as yet exist here. When the meningitic phenomena become aggravated, the alterations in the fundus of the eye progress in the same ratio; they

diminish, on the contrary, when the encephalic symptoms abate. The influence of trephining upon the functions of the brain can be appreciated above all from the modification upon the papilla and retina following this operation. When the inflammation of the middle ear invades the meninges of the brain, it is most frequently the eye upon the same side that is altered first; but both eyes are often attacked at the same time, and that upon the opposite side may even present the most marked symptoms. After the application of the trephine the improvement in the visual apparatus will be at first most pronounced upon the eye of the same side; however, an amelioration is observed in the other eye also. Thus far, in Zaufal's observation, each time that a suppurative otitis media has been complicated with either a meningitis or a thrombosis of the sinuses, the ophthalmoscopic examination when made, demonstrated the existence of pronounced lesions in the ocular fundus (excavation of the papilla with or without neuro-retinitis); so that this form of meningitis appears to differ from the others in that it almost always produces alterations in the bottom of the eye. As to the cause of this fact, Zaufal is not able to decide. May not the richness of the temporal region in venous sinuses explain it in a certain measure?

IPECAC IN DYSENTERY.—It is often forgotten that during the initial stages of many cases of dysentery constipation is present, and that therefore neither opium nor bismuth will calm the pains so often present. Here it is preferable to use mild purgatives. Ipecac (Journal de Médecine et de Chirurgie Practiques, April, 1882,) seems according to Dr. Potain, to fill most of the requirements. The use of ipecac is not original with Dr. Potain, as it has long been employed in India. He gives a decoction of ipecac root (two grammes to five hundred grammes of water) in the course of every two or three hours. Nausea and vomiting should if possible be avoided.

THE BACILLUS OF TUBERCLE.—Dr. Koch, certainly a careful and painstaking observer, who pointed out the sources of error in some recent experiments of Grawitz on mould, claims to have discovered the bacillus to which tubercle is due. His results (Berliner Klinische Wochenschrift, April 10, 1882,) which have roused the enthusiasm of Tyndall, amount not only to the description of a new bacillus but to the demonstration of the fact that this bacillus can be cultivated in special culture fluids, and can if inoculated produce tuberculosis in animals. The new bacillus somewhat resembles in appearance the bacillus lepræ, is rod shaped and its greatest length is about one-half or one-fourth the diameter of the red globule. Tuberculosis has long been regarded by many authorities, as at one time an infectious disease like the "lung plague" of cattle, but which had lost its infectious nature by the race becoming partially inoculated with it through hereditary transmission. If Koch's experiments should be ultimately established on a firm basis, it is not impossible that the ravages of tuberculous phthisis will be in the future at least lessened.

PODOPHYLLIN AND PODOPHYLLOTOXIN IN CHILDREN'S DISEASES.—Dr. Braun (Archiv für Kinderheilkunde II, 6 and 7,) says that podophyllin in children of thirteen years causes in doses of one-sixth to one-half a grain, one to three loose motions frequently preceded by firm motions. The general dose for children under a year is one-thirteenth to one-sixteenth of a grain; for children of one to four years, one-sixth of a grain, and for older children one-third, dependent upon the duration of the constipation. Podophyllotoxin is more certain and is given in doses of one-sixtieth to one-thirtieth of a grain to children less than a year old, and proportionately. It is most conveniently given in solution; three-quarters of a grain are dissolved in one hundred drops of rectified spirit and given in two to ten drop doses in a teaspoonful of syrup.

RECOVERY FROM ADDISON'S DISEASE is of exceedingly exceptional occurrence, and for this reason the case reported by Dr. J. Magee Finny (Dublin Journal of Medical Science, April, 1882,) is of interest. The patient was a woman evidently of a tuberculous diathesis. Up to December, 1879, the patient had been perfectly well, she then found herself growing weaker daily and losing flesh; since the date named her body has gradually become darker, the pigmentation beginning on the forehead and front of the chest. On examination a venous hum was audible in the patient's neck. The heart sounds were weak and the pulse compressible. The pigmentation extended even to the mucous membranes of the mouth. The treatment consisted in simply combatting the anæmia present. By January, 1881, the patient had become well nourished and the pigmentation had entirely disappeared. As this disease probably had its seat in the sympathetic system, the possibility of a remission should be taken into account.

GASTRIC ULCERATION INTO THE LEFT VENTRICLE.—Dr. Oser, sometime ago, published a case in which a round ulcer of the stomach opened into the left ventricle through a narrow canal. The perforation had occurred three days before death, and resulted in vomiting of arterial blood and tarry stools. A similar case has just been published by Brenner (Wiener Medicinische Wochenschrift, No. 47, 1881.) A woman of fifty-five had been subject for many years to cardialgia, sometimes accompanied with vomiting. Six months prior to her death the patient had an attack of pleurisy, followed by sharp pains radiating to the epigastrium. A few days before death the patient vomited blood, had marked cardialgia, and had tarry stools. On autopsy a circular ulceration was found on the lesser curvature of the stomach, which communicated with an opening in the wall of the left ventricle. These are said to be the only two cases on record.

TORSION OF ARTERIES.—At Guy's hospital, the London correspondent of the Boston Medical and Surgical Journal says that all the surgeons use torsion to the exclusion of the ligature, except in very small vessels wherein it is difficult to isolate the vessel from muscular fibres. They give a very large statistical showing in its favor. He has seen every kind of amputation there except of the hip-joint, and never a ligature applied to a large vessel. They use no transverse forceps, but seizing the cut end of the vessel with strong forceps, twist it until it is felt to "give way," that is, the two inner coats break. He has often seen six and sometimes ten complete turns given to the femoral artery. Mr. Bryant said: "Doctor, theoretically the twisted end ought to slough off, but practically it never does. We have to talk to our students about secondary hæmorrhage, but we do not show it to them." Mr. Lucas told him that for a long time they have ceased to dread, or look for secondary hemorrhage.

ABSORPTION BY THE BLADDER AND URETHRA.—Dr. Maas and Dr. Pinner (*Deutsche Zeitschrift für Chirurgie*, Band XIV, Heft, 5 and 6), after referring to the difference of opinion which exists on this subject, among those who have investigated it experimentally, arrive at the following conclusions: First: The healthy human bladder absorbs iodine and pilocarpine, much more slowly than other absorbent surfaces. The constituents of the urine gain access to the circulation through the mucous membrane of the bladder, so slowly, and to such a slight extent, that no unpleasant results ensue. Second: The diseased bladder absorbs far more readily than a healthy one, and advantage should be taken of this fact in administration of medicines. Infectious matters are absorbed by the diseased mucous membrane of the bladder, and give rise to serious consequences. Third: The human urethra possesses considerable absorptive power, and seems to absorb as readily as when it is diseased.

MUSIC IN MEDICINE.—Much has been said upon the power of music (*Cincinnati Lancet and Clinic*), to effect most beneficial results upon the afflicted, both in mind and body; and there can be little doubt that a very great deal still remains to be done when the subject shall have been more thoroughly investigated by the medical profession, and certain rules laid down for the treatment of such cases as would be likely to yield to its influences. We have recently heard of a doctor who, finding his patient in a state of confirmed melancholia, managed to induce her to try over some of the music for which she had an especial fondness in former years, and thus not only restored her temporarily to comparative cheerfulness, but by prescribing a repetition of this medicine, and seeing that she obeyed his directions, at each of his visits, managed, in an almost incredible short time, to effect a permanent cure. Of course, in this case the remedy acts indirectly upon the nervous system, and almost unconsciously the patient is relieved. It will be obvious that in the case reported there are many elements of error. It is probable that the doctor was able to induce the patient to engage in music simply because she was in the initial stages of recovery.

STRYCHNIA IN PROLAPSUS ANI.—Dr. Leonard Weber, *New York (American Medical Weekly)*, inserts the needle into the cellular tissue parallel to the rectum, and about three-quarters of an inch from the anus, and injects one-twelfth grain of strychnia for an adult. The operation is repeated every forty-eight hours till complete recovery takes place; from four to eight injections are needed. The pain is not severe, and no inflammation or abscess has in his cases resulted.

PROFESSIONAL PERILS.—A court officer finding a difficulty in serving an injunction upon a physician in Utica, New York, persuaded one of the doctor's young lady patients to do it.

GLAUCOMA.—According to Dr. E. Fuchs (*Archiv für Ophthalmologie*), the glaucomatous eye exhibits a peculiar cloudiness of the cornea and loss of lustre, essentially different from the inflammatory opacity, and directly dependent upon increase of pressure. The cornea hitherto clear and brilliant becomes, during an attack of glaucoma, suddenly dim and as if breathed upon by the breath. This cloudiness always most marked in the centre, disappears around the border without sharp limitation. Reduction of intra-ocular pressure dissipates it in a very short time to leave no trace whatever. As a cause of this appearance, an anatomical examination found an oedema of the corneal parenchyma (dilatation of the nerve canals, and accumulation of fluid under the epithelium.) Under rapidly increasing pressure a larger quantity of fluid is forced into the cornea, dammed up in front of Bowman's membrane and there very soon produces oedema and cloudiness.

POISONING BY ANACARDIUM OCCIDENTALE.—Dr. H. B. Nightingale, Philadelphia, Pennsylvania, (*Medical and Surgical Reporter*, April 1, 1882,) reports a case where a man chewed several cashew nuts (*anacardium occidentale*) without profiting by the warning given him that the juice between the inner and outer shell was bitter. In consequence the juice got upon his lips and fingers. The next day his hands and face were largely oedematous and covered with erythematous patches which in another day had developed into vesicles. The neck, body, penis and scrotum were much swollen. The patient was confined to bed for two days with drowsiness and headache, and had a heavily coated tongue and a high fever. The acute symptoms were over in eight days, the desquamation lasted more than a week after this. The treatment consisted in local applications of a solution of sodium sulphate, and internally magnesia sulphate, tartar emetic, and one sixty-fourth of a grain of morphia sulphate.

A NEW agricultural college organ is called "The Speculum."

HOW LAWYERS ARE SOMETIMES MADE.—The *Alienist and Neurologist* cites from Prichard the well-known case of the three congenitally idiotic brethren; one of whom received a blow on the head which brightened him up a little and he became a lawyer. The trouble is, some congenital idiots become lawyers without getting a blow on the head to brighten them up.

EXPERIMENTAL PRODUCTION OF ABDOMINAL PREGNANCY.—Dr. Leopold, Leipzig, Germany, (*Archiv für Gynakologie*) has produced artificially, in rabbits, abdominal pregnancy by transferring to the abdomen of a non-pregnant rabbit the embryo only, in some cases, and in others the embryo, its membranes, and placenta. Embryos two and a half, five, six and eight centimetres long were transplanted; those of the latter size being as near maturity as could be obtained. The experiments resulted in two ways; in one, peritonitis followed from which the animal soon died; in the other case the animal survived and the foetus became encapsulated. In the cases where peritonitis was excited the foetus underwent rapid disintegration. Of the smallest embryo, no trace was found on the death of the animal on the second day. Where no peritonitis was excited the animals were killed at periods ranging from three to seventy days after the operation. The foetus had as a rule become encapsulated but the very early embryos were absorbed, no trace of them being left. In the older embryos there was more or less absorption of the soft parts; the skeleton was left and there was growth of bone or cartilage. Dr. Leopold concludes that cases of extra-uterine gestation ending in rupture of the sac and escape of the foetus into the abdominal cavity are, perhaps, much commoner than is generally believed, the symptoms being those of pelvic hæmatocele, and the case ending in the absorption of the foetus.

DR. E. L. Beadle, an old New York physician, died recently.

DR. John T. Hodgen, an eminent surgeon of St. Louis, Mo., died April 30, 1882.

DR. Horatio Paine, late Superintendent of Roosevelt Hospital, New York, died in London, May 1, 1882.

LYSSOPHOBIA.—A case of this disease is reported in the *Alienist and Neurologist*, April, 1882. A man bitten by a non-rabid dog, died from exhaustion resulting from lyssophobia.

LONGEVITY.—A mill hand aged seventy-one years (*Medical and Surgical Reporter*, April 29, 1882,) has still living triplet sons aged fifty-two, and a father aged one hundred and sixteen.

NEW MODE OF VACCINATION.—A woman unthinkingly opened a sty on her eye lid with a pin which she had accidentally put in the vaccine pustule on her infant's arm. She recovered without permanent injury.

CARBOLIC SPRAY IN CROUP.—Dr. Denos (*Journal de Médecine de Bordeaux*) claims that the carbolic spray, applied directly through the canula after tracheotomy, has a marked effect in producing expulsion of the false membranes.

"AMERICAN DIPLOMAS."—John Adams, recently arrested in England for illegally practising medicine, produced an "American diploma," for which he had, although never in the United States, paid \$100, and passed a "postal examination."

NEW COFFEE.—Dr. Schlagdenhauffen, Nancy, France, (*British Medical Journal*, April 1, 1882,) has recently studied the seed of an African plant known by the name of la pola. Its cotyledons contain caffeine and thein. The Arabs use it to improve impure water. Dr. Schlagdenhauffen believes that la pola may rank in utility with tea and coffee.

LOCAL.

CHICAGO BIOLOGICAL SOCIETY.

At the May meeting of the Biological Society, Dr. Plym S. Hayes read a paper on the "Removal of Hairs by Electrolysis." There was a good attendance.

THE CHICAGO PATHOLOGICAL SOCIETY.

The annual meeting was held at the residence of Dr. Lyman, 533 W. Adams St., at 8, P. M., April 24, 1882. Dr. J. Robison reported on the Medical Geography and Climatology of the Southern Rocky Mountain region. Dr. G. S. Campbell reported on the Medical Geography and Climatology of the Northern Rocky Mountain region.

COUNTY HOSPITAL.

It has been decided to add three members to the visiting board of this hospital, in order to provide room for three representatives of the Women's Medical College who are to be placed thereon. The appointees are Drs. S. H. Stevenson, M. J. Mergler and D. W. Graham. The Bennett Medical College has made application for certain of the wards to be placed under eclectic control.

CHICAGO MEDICAL SOCIETY.

A well attended meeting of this society was held May 1, 1882, at the Grand Pacific Hotel. An exhaustive paper on "Malarial Catarrhal Otitis" was read by Dr. F. C. Hotz, which will appear in the *Review*. Dr. Clark took the position that the cases cited scarcely sustained the position taken by Dr. Hotz, that malaria produced aural symptoms of the nature of those charged to it. Dr. E. J. Gardiner cited cases tending to support the position taken in the paper. Dr. S. J. Jones claimed that malaria only complicated many cases of otitis as it did other diseases. He was inclined to believe that quinine might produce dangerous results in aural disease. Drs. Rosa Engert, W. T. Montgomery, J. H. Hollister and E. Ingals made remarks of like tenor, after which the discussion was closed by Dr. Hotz. Dr. W. P. Verity read a

paper on "Insanity from Traumatism in its Medico-Legal Relations." The doctor made the following quotations: Marcé says, concerning the psychoses produced by traumatism: "In the greater number of these patients the mental disease assumes an illy-defined form, offering irregular alternations of stupor, agitation, and imperfect lucidity, without systematized delirious ideas, but recovery is never complete, and the patient becomes progressively demented." Francis Skae says, that "Traumatic insanity is generally characterized at the commencement by maniacal excitement, varying in intensity and character. The excitement is succeeded by a chronic condition, often lasting many years, when the patient is irritable, suspicious, and dangerous to others. In many such cases distinct homicidal impulses exist. The characteristic delusions of this form of insanity are those of pride, self-esteem and suspicion, melancholia being but rarely present. This form is rarely recovered from, and has a tendency to pass into dementia and terminate fatally by brain disease. That the symptoms, progress and termination of this insanity are distinctive and characteristic to enable it to be considered as a distinct type of disease." Krafft-Ebing "classifies insanity from traumatism as it is: First: The direct consequence of an accident. Second: Manifested later, the prodromus of disordered motor and sensory phenomena and change of character. Third: preceded by a latent susceptibility (the result of the accident), which may be called an acquired predisposition, and which only requires an exciting cause to develop into actual insanity." Schläger, in a very valuable article on this subject, gives the following statistics and opinions: Of five hundred cases of insanity, he found forty-nine resulting from injury to the skull. In twenty-one of these the injuries was followed by immediate loss of consciousness; in sixteen by simple mental confusion and wandering of the thoughts; in sixteen by dull pain in the head; in nine-

teen the disease, insanity, commenced within one year after the accident; the other cases after an interval of from four to ten years after the accident. Generally the patients manifested from the time of the injury a tendency to cerebral congestion, after the ingestion of even a small amount of spirits, or, mental excitement. In several cases ocular hyperæsthesia and even amblyopia made its appearance. In fifteen cases there appeared, shortly before and during the existence of the cerebral disorder, scotomic dots, which exerted a decided influence on the character of the delirium. The patient often experienced ringing and noises in the ears. In eighteen cases there was dullness of hearing; in three, abnormal subjective perceptions of smell, and changes in the pupils. Frequently the character and disposition changed. In twenty cases great irascibility and an angry, passionate manner, even to the most violent outbursts of temper, was remarked. Sometimes, but far less frequently, there occurred over-estimation of self, prodigality, restlessness, and disquietude. In fourteen cases there were attempts at suicide, and frequent loss of memory and confusion. The prognosis in all was unfavorable; seven became progressively paretic.

Kiernan says: That traumatism produces certain psychoses. That the majority of these are unaccompanied by epilepsy. That the majority have a tendency to end in progressive paresis. That a large proportion are accompanied by depressing delusions. That the majority of these latter do not exhibit any hereditary taint. That, with certain modifications, Krafft-Ebing's conclusions respecting the traumatic psychoses are correct. That injuries received before the age of forty are probably of more effect in producing insanity than those received subsequently. That slight injuries, from the insidious nature of the changes they set up, are as much to be dreaded, if not more, than the grave injuries. That traumatic causes did not have as much influence in the production of in-

sanity as intimated by Schläger, he finding that over eight per cent. of the cases were caused by traumatism, while at the New York City Asylum for the Insane but two per cent. were so caused. That certain cases of insanity caused by traumatism have well-marked systematized delusions. That in all cases of insanity caused by traumatism a guarded prognosis should be given. He cited a case coming under his own observation in which after an injury to the skull, marked change of character resulted, attended by hallucinations, prodigality and violence. The man committed suicide and Dr. Verity was called on to determine whether such suicide was an insane act, and gave it as his opinion that it was. Dr. Ingals asked if suicide was ever a sane act? Dr. Kiernan said that it very frequently was, and cited a case where a man committed suicide because he was afflicted with rectal cancer. Dr. Engert asked whether the hereditary taint in the case cited was not sufficient to produce the insanity? Dr. Verity said that it no doubt acted as a predisposing cause, but the traumatism was the exciting cause. Dr. J. H. Hollister related a case where a young man was struck on the head became insane within a year thereafter, and finally died in an asylum, forty-three years after the injury. Dr. Kiernan said that he thoroughly agreed with Dr. Verity's diagnosis. The cases cited from him had a tangible ætiological relation to traumatism, and were not of the post hoc, ergo propter hoc nature of the asylum reports. The session concluded with the appointment of a committee to examine into the advisability of leasing a hall for the regular meetings, as the attendance is becoming so large that the commodious hotel parlors are too contracted.

THE Georgia Medical Association held its thirty-third Annual Session, April 19, in Atlanta.

DR. James R. Wood, Emeritus Professor of Surgery in Bellevue Hospital Medical College, died May 4, 1882.

ORIGINAL CONTRIBUTIONS.

AMYL NITRITE IN THE NEUROSES.

BY JAMES G. KIERNAN, M. D., CHICAGO, ILL.

This drug has been for a long time before the profession. Its very rapid action has led to a rather unwarranted caution in its use. Many a practitioner who would not hesitate to use hypodermics of morphia in hystero-epilepsy would refrain from the use of amyl nitrite under these circumstances. That amyl nitrite might produce serious results in case of fatty heart there can be no doubt, but this contra-indication is one which may easily be guarded against. It is true that no accidents have been reported from the use of the drug, but in case of any atheromatous change in the cerebral arteries apoplexy might occur. In the subjects to whom the practitioner is called upon to administer the drug, such conditions are not likely to be found. The unwarranted prejudice against the drug is therefore to be traced to its peculiarly instantaneous effect; the suddenness of which too often and unnecessarily alarms both patient and physician.

Before proceeding to the neuroses, properly so-called, it may be of interest to examine as to the effects which have been found to result from this drug in certain cases of poisoning, or of collapse or allied conditions from other causes. Dr. Kirn* and Dr. Koehler** has found that amyl nitrite is of marked benefit in collapse from post partum hæmorrhage. The hæmorrhage ceases at once permanently. Dr. Lauder Brunton† believes that in all cases of drowning, hanging or fainting, amyl nitrite should be administered by means of artificial respiration. He believes it also might be used along with the cord test in ascertaining the existence or non-existence of death. Dr. W. E. Saunders‡ claims marked benefit from amyl nitrite in the collapse at times resulting from the cold stage of ague. The remedy exerts an almost immediate and very marked effect in this condition. Dr. Hugo Engel§ claims good results from amyl nitrite in convulsions where there is a general paleness of the surface indicating almost a tetanus of the arterioles. Dr. Van Ermingham¶ claims that amyl nitrite is

* British Medical Journal, November 1, 1879.

** Allgemeine Medicinische Central Zeitung, November 1 1870.

† British Medical Journal, June 5, 1879.

‡ The Practitioner.

§ Philadelphia Medical Times, January 4, 1879.

¶ Bulletin Generale de Therapeutique, 1877.

indicated in First: Syncopal accidents, comatose conditions and those conditions which are characterized by feebleness or cardiac weakness with anæmia or venous congestion of the cerebro-spinal centres. Second: Diseases characterized by spasm of the vessels. Third: Diseases characterized by spasm of the voluntary or involuntary muscles. Fourth: Diseases characterized by extreme elevation of temperature. Its employment is contra-indicated in aged persons or those who present cardiac or vascular alterations, and also in recently delivered plethoric females. Dr. Dujardin-Beaumetz* claims that amyl nitrite is of marked benefit in the syncope, vertigo or pulmonary angina resulting from affections of the aortic orifice. He gives from five to ten drops by inhalation. Dr Robert Barnes** claims that amyl nitrite is of marked value in combating strychnine poisoning. It should be administered whenever the twitching or facial expression indicated the onset of a tetanic spasm. He has likewise found it of value in puerperal convulsions, and in combating irregular uterine contractions, whether produced by ergot or occurring without the use of oxytocics.

Dr. E. A. de Cailhol† claims that amyl nitrite is of marked benefit as a temporary stimulant in collapse from disease, and is of benefit in producing subsequent euthanasia. Dr. Lyman†† has used amyl nitrite, with marked effect in the collapse occasioned by the withdrawal of opium from opium eaters. It has been of marked benefit in combating the resultant insomnia.

Dr. Testa§ claims after forty four experiments on animals, that amyl nitrite is worse than useless in chloroform poisoning, since it intensifies the dangers of that anæsthetic, and there is no antagonism between the drugs. My own experience with the drug began in 1875. It was at that time highly recommended in the status epilepticus, and in my experience fully deserved the recommendation. There were few cases of the status epilepticus which did not yield to the administration of from fifteen to twenty-five minims of the amyl nitrite. Dr. McBride, of Wauwatossa, Wisconsin, has had very similar results. In many cases where a lengthened aura existed, it was possible to ward off an attack for a considerable time. How much of this was due to the direct

influence of the remedy and how much to its psychic influence could not be determined. Certainly this must have been considerable. Epileptics improve under any new treatment whatever be its nature, and this improvement must be especially great in the case of a remedy producing so rapid marked vaso-motor changes. Still there can be but little doubt that directly the remedy exerted a great influence. In the epileptiform, convulsions of progressive paresis it was, as had been suggested by* Dr. Spitzka, decidedly contra-indicated. In four cases of hystero-epilepsy, I have found it of marked benefit. In all four there was a marked neuropathic diathesis, and I have no doubt that the seat of the hysteria was the brain rather than the uterus or ovaries. In two of these cases the drug appeared to have a marked influence on existing dysmenorrhœa. Dr. Pallen** has had similar results from amyl nitrite. The amyl was given in three to five drop inhalations during the epileptiform attacks, just preceding menstruation, and during its progress. A good means of administering a relatively exact dose of the drug in epilepsy and hystero-epilepsy, is by means of the pellets devised by Dr. T. A. McBride, of New York. Here as in epilepsy, we are met with doubts as to how the drug acts, whether directly by virtue of its therapeutic properties or through its influence on the mind; the matter is of no great consequence. The question in hysteria is to make a profound impression on the nervous system, and in no way can this be accomplished as rapidly or as effectually. There may be as many miracles worked by amyl nitrite as were in old days by virtue of profound religious and other impressions. The patient should be prepared to expect very sudden action and prompt results otherwise she may conceive a dislike for the drug on account of its instantaneous action. Of course if the physician have full control of his patient, this dislike will be a very potent method of treatment. The drug might be found of avail in the prevention of deaths from starvation in the cases of hysteria, known as "fasting girls," who have become unpleasantly numerous in these days of professional credulity respecting the Tanner and Griscom fiascos. By persistent use of the drug the objection of the patient to open her mouth and take food might be

* L'Union Medicale, January 29, 1881.

** Canadian Journal of the Medical Sciences, May 1882.

† St. Louis Clinical Record, Volume VI. p. 177.

†† Quarterly Journal of Inebriety, 1874.

§ Gazette Medica Italiana, November 5, 1881.

* Journal of Nervous and Mental Disease, 1877, page. 268.

** Journal of Nervous and Mental Disease, 1877, p. 463.

overcome directly, and by the action of the drug on the mental state of some of these patients who are really cases of hysteria, complicated by melancholia.

In melancholia the drug is of decided benefit, as the condition of the cerebral circulation which it produces, and the condition produced by the disease are just opposed. Acting on the suggestion of Dr. E. C. Spitzka* I have given nitrite of amyl, not only in melancholia but in the cataleptoid condition of katatonia.† Among the cases of interest may be cited the following: A case was admitted to the New York City Asylum, in marked condition of exaltation from which he passed into one of depression; on being urged to answer three or four simple questions, replied slowly, and with difficulty. He suffered from extreme depression and depressing delusions. He looked puzzled when asked how long he had been in the asylum, and passed into a cataleptoid condition, exhibited wax-like mobility of the highest degree, his pupils being also widely dilated. Upon the inhalation of ten drops of amyl nitrite, his condition changed almost instantaneously. His pupils contracted, he became communicative and perfectly rational, and he expressed astonishment at the change in such a short time. Subjectively a feeling of well being was felt, and he denied the previous existence of depressing delusions. This plan of treatment was persisted in and the patient finally recovered. The use of amyl nitrite has also been attended by similar results in the hands of Dr. Seguin.†† Taking all these facts into consideration, it would seem that the present prejudice against amyl nitrite, is not well founded.

UGLY PHYSICIANS AND DIAGNOSIS.—According to a local paper, a man died in Minnesota from what was pronounced to be leprosy by physicians of the most hideous appearance. What the appearance of the physicians had to do with the diagnosis, the paper does not state.

ENTROPION.—According to a Canadian candidate for a medical degree (Canadian Journal of Medical Sciences, May, 1882,) entropion is an excessive and insane desire for sexual intercourse.

CORRESPONDENCE.

COUNTY MEDICAL SOCIETY—APHASIA —MEDICO-LEGAL SOCIETY—BRAINS OF CRIMINALS—VOODOO DOCTORS.

NEW YORK, May 13, 1882.

The medical societies have been very active since my last, and professional matters of interest are constantly occurring.

COUNTY MEDICAL SOCIETY.

The inquiries of Fritsch and Hitzig in Germany, of Spitzka in the United States, may be appended to those of Ferrier as strong in their bearing on the theory of muscular movements. The sterility of the theory of localization in many of its aspects, when tested in medical practice, is something with which its advocates have to contend. Few, perhaps, ever sought more to verify these doctrines than Dr. Rockwell in his paper before the County Medical Society on April 24. His records embraced eighty-one cases of hemiplegia, of which forty-nine were limited to the right, thirty to the left, and two involved both sides of the body. In one or two of these cases autopsy had verified the diagnosis based upon the theory of cerebral localizations; but Dr. Rockwell was really unable to add any valuable demonstrative evidence from the records of a large practice. Some phenomena connected with aphasia associated with paralysis, led him to accept the view of Broca as to the localization of the speech centre in the posterior portion of the third frontal convolution of the left cerebral hemisphere, and he gave the usual explanation of the manner in which the power of articulation is recovered in such cases, while the right hemiplegia remains permanent. He believes that while, owing to its superior development, and to the fact that nerve impulses originate in the left hemisphere, and are repeated in the right, the powers of articulation are temporarily suspended in disease of the former affecting the third frontal convolution, the posterior section of the same convolution of the latter possesses the same function as its congener. Accepting this view, the recovery is due to the right centre taking upon itself the work of both. Such a transfer of function not an uncommon thing in nervous physiology had already been suggested by Spitzka, (Journal of Nervous and Mental Disease, 1877). There are cases, however, in which the power of uttering or of dis-

* Journal of Nervous and Mental Disease, 1877, p. 505.

† Journal of Insanity, July, 1877.

†† Journal of Nervous and Mental Disease 1877, p. 506.

tinguishing single words is not impaired, and the loss consists purely in suspension of the power of co-ordinating words into sentences, or of understanding them when thus co-ordinated. A celebrated lawyer in this city was cited an example of this order of aphasia. He died, and the autopsy disclosed a small area of softening in the occipital lobe of the brain, far distant from Broca's center of language. This case was however not proof positive as a pre-mortem bio-chemical change might have existed in Broca's convolution and much of the reasoning of Dr. Rockwell was based on very similar cases.

MEDICO-LEGAL SOCIETY.

At the regular monthly meeting of the Medico-Legal Society, May 3, an "Analysis of the Mental Condition of Charles J. Guiteau," by Dr. A. O. Kellogg, was read for him by Dr. Hammond, who said he dissented from its conclusions in every respect; the conclusion reached being that Guiteau "is not the divinely inspired lunatic he so loudly claimed to be, but a depraved man and one who comprehends fully the nature and wrongfulness of the criminal act which he has committed. No one has ever seen a case of pure, acute moral insanity, and the case of Guiteau is, as I regard it, one of chronic progressive moral depravity of a very low form."

Dr. E. C. Spitzka read a paper on "The Evidences of Insanity Discovered in the Brains of Criminals and others whose Mental State has been Questioned, with Some Remarks on Expert Testimony and the Grappotte Case." At the outset he discussed the advisability of substituting a judicially appointed committee of experts for the present partisan system, and after describing the benefits of this plan as applied abroad, remarked, "It is doubtful, in view of the remarkable circumstances under which colleges spring into existence, the ease with which professorships and publishers are obtained, and the nature of the political and financial requirements involved in the obtaining of these and other distinctions, whether we might not, by adopting the Continental method, exchange a system, defective and unscientific as it is, for another theoretically better, but practically more defective, more corrupt and more objectionable in every way." Admitting, however, the need of a method of determining the value of expert opinions, he came to a conclusion thus: "Contradic-

tory as on first sight it may seem to many, I regard a judicious, thorough and pertinent cross-examination of the medical witness as the method best calculated to solve this problem." "Is there any gauge by which the truth of an expert's opinion can be tested? If an expert pronounces a boiler safe and it soon after explodes, his opinion shares the fate of the boiler. In like manner, if an expert pronounces a criminal sane in whose brain evidence of disease is found in post-mortem examination, the expert can never again speak with authority. The question naturally falls into several sub-questions. The first is whether insanity is always associated with visible evidences of brain disease. The answer to this question is, No. The second is, whether the morbid appearances found in the brains of insane persons are ever found in the brains of persons known to have been sane? The answer to this question is that some of the appearances described by certain authorities as related to insanity are found in every sane adult, and still other of the common findings in the insane brain are found occasionally in the brains of persons of ordinary soundness of mind. The third is, whether there is any constancy in the association of any special disease of the brain with special forms and stages of insanity. The answer to this question is, that with some forms of insanity the post-mortem almost attains the value of an exact test of the diagnosis, while in others it does not. This is owing to the constancy of certain signs of brain disease in some forms and their inconstancy with other forms of insanity. To be more specific in regard to the various forms of insanity, I may represent the likelihood of finding structural changes in the insane brain as follows: In mania, a disease which may lead to forgeries, thefts, extravagant expenditure and destruction of property, though rarely to homicide, that likelihood is as 5:100. In acute melancholia (strictly limited), leading to suicide, to the murder of the most cherished relatives, and, in the episodial frenzy, to attacks on strangers, it is almost zero. In epileptic insanity, frequently responsible for the apparently most brutal acts, it is 20:100. In monomania, which may be at the basis of any crime, from contempt of court and libel to the immolation of a cathedral, or the assassination of the ruler of a nation on the one hand, and of insanely fraudulent or absurd contracts and insane dispositions of property on the other, it is

as 5:100. In the terminal states it is as 60:100. In imbecility and idiocy as 80:100. In progressive paresis of the insane it reaches the figure 99+:100, and here alone and in insanity with organic diseases does the autopsy approximate the dignity, from every point of view, of a scientifically positive test." Quotations from French, German, and English authorities were given in endorsement of these assertions.

"Summarizing the teachings of the master minds in pathology, of reliable observers generally, and my own experience," said Dr. Spitzka, "I consider myself justified in saying that positive and indisputable evidence of insanity cannot be found in more than thirty per cent. of the insane, that in another thirty per cent. slight changes are found, not differing in character, though perhaps in extent, from what we observe in some sane subjects, while in the remainder there is no visible deviation from the normal standard of any kind. If insanity has been set up as a defense in a criminal trial, or advanced as a ground for voiding a contract or breaking a will or as an explanation of a suicidal act, the absence of lesions in the brain of the deceased subject whose mental integrity is impeached does not weigh as a straw in the balance in favor of the contrary litigants. I say of insanity in general: it is different with special forms of insanity. The absence of lesions in alleged advanced paralytic insanity, or other insanity associated with organic lesions, such as sclerosis, tumors, and meningitis, would materially weaken the allegation. Aside from such cases, the advantage is apparently with the allegation of insanity, inasmuch as the one alleging its existence cannot be contradicted by the post-mortem evidence, while his opponent takes the chances of being proved in the wrong. But this is neutralized by the fact that, impossible as it is to deny the existence of acute mania, melancholia, and monomania, on the strength of a negative finding, it is exceptional and as difficult to establish their previous existence by a satisfactory positive finding, and by the further consideration that cases of mania, melancholia, and monomania, associated with brain changes palpable to our methods of examination, must have been more palpable even during life." In illustration of this position, Dr. Spitzka cited the Grappotte case, in which eight general practitioners in the rural districts of New York, swore to the insanity of a man whom they had known for years,

while one so-called expert who was an expert simply because he had received a political asylum appointment, swore to the contrary after a few hours examination of the prisoner. The prisoner was convicted. He committed suicide, and the autopsy showed that the position taken by the general practitioners was the correct one.

The paper created a lively discussion. Dr. Hammond thought the change might merely be one of functional disturbance, not involving structure of the cells. A woman might suffer a great emotional shock, become insane and die, and the microscope would leave no discernable sign of disease. He believed in modified responsibility. Many insane persons were just as responsible as the sane; some were partly responsible; a very few wholly irresponsible. Even the lowest idiot, as a rule, possessed the same punishability as dogs. Dr. R. L. Parsons agreed with Dr. Spitzka as to the value of autopsies as a test of insanity, but took issue with Dr. Hammond as to the punishability of the insane. Surrogate Calvin thought the advantage of commissions of experts appointed by the bench lay in their freedom from bias. He thought they should be the last witnesses heard in a trial, and should give opinions on the assumptions held by each side. He would be sorry to eliminate cross-examination. He thought as experts were from the nature of things irresponsible, save morally, as they dealt in matters of opinion and charges of perjury were impossible, all that was needed to place their testimony on a sound basis was to eliminate the element of interest on one or other side. He thought it vastly more important to medico-legal science to determine the present condition of the living than to rely upon an autopsy to determine upon the mental condition of the deceased.

Dr. Gray, of Brooklyn, thought that much of the disrepute sometimes attached to medical experts arose from the habit of lawyers of distorting every point in their own favor, irrespective of truth, and that the present method of badgering expert witnesses in order to distort their testimony was infamous. Dr. Beard said that for the first and only time in his life he agreed with the lawyers, referring to ex-Surrogate Calvin's suggestions as to the manner of appointing experts. The insane are not and cannot be responsible or punishable for their acts. No man can be a little crazy any more than he can be a little dead. He

entirely disagreed with Dr. Hammond, and was sure the latter would, by the process of evolution, eventually come around to his (Dr. Beard's) opinion as to the responsibility of the insane. He made some rather positive statements regarding the absurdity of the use of physical evidences in insanity, and believed that the power of controlling impulses simply morbid in sane people, was very great. Dr. Hammond replied that never in the whole course of his life had he listened to so many absurd misapprehensions in ten minutes' time as had been uttered by Dr. Beard. He illustrated his views by citing several cases of morbid impulse now under his observation. He held that there were different degrees of insanity, that a majority of lunatics were responsible for their acts, and that in the cases of persons suffering from morbid impulses to take their own lives or kill other people, the power of control of these impulses was far less than was claimed by Dr. Beard.

NEW MEDICAL COLLEGE.

It has been reported that the professors who resigned from the Medical Department of the New York City University, have applied to Cornell University to establish a medical department in New York City, and that it is very probable that a three term high grade college will be established in New York, with fourteen professors and corresponding subordinate faculty. Such a college would soon draw to it most of the scientific students. Dr. Sturgis has brought suit in the name of the County Medical Society to have the charter of the United States Medical College vacated. The institution is suspected of Buchananistic practices, and was illegally incorporated.

VOODOO DOCTORS.

The colored people of Huntington, Long Island, are much exercised over certain allegations which have been circulated concerning the character of two of their number, by a colored woman who was taken sick some time ago. She called in a colored "doctor," who told her that she had been poisoned by a mixture of dried snakes and tree-toads powdered and put in her food. The "doctor" ascertained this fact, he says, by placing a bottle on the woman's breast, when the snakes and toads made their appearance in large numbers. The two people first mentioned are charged with causing the woman's illness. Feeling has run so high against them that the col-

ored people have refused to receive communion with them at the African Methodist church in the town, fearing that the bread and wine might be poisoned. The accused women have begun proceedings against the woman and the "doctor" for slander. J.

CENTRAL ILLINOIS MEDICAL SOCIETY.

BLOOMINGTON, ILLINOIS, May 4, 1882.

The Central Illinois Medical Society met in regular annual session in this city, May 3, 1882. There was a pretty large attendance. In the absence of the president, Dr. J. Y. Campbell, of Paxton, Presided. Dr. T. F. Worrel delivered a neat and appropriate address of welcome, to which a response was made in a similar strain on behalf of the Society, by Dr. A. H. Scott, of Mansfield. Dr. A. L. Norris made a very interesting report on "Pneumonia." Through the report on "Fashion in Medicine," by Dr. T. F. Worrel, ran a very pleasant vein of satire. He alluded to the peculiar idiocies of prescriptions, and the tendency that a theoretically scientific profession, shows to follow blindly certain modes of thought. The paper was discussed by Drs. Hill, Little, Barnes, Orer and Worrell. Dr. R. Wunderlich read an interesting and carefully prepared paper on the "Ætiology of Zymotic Diseases." The Report on "Syphilis" by Dr. J. L. White contained many original ideas. The Report on "New Remedies" by Dr. H. O. Paulding was a well-digested exposé of advances in materia medica. The Report on "Diseases of Women" by Dr. A. H. Scott, went carefully over the subject of Gynecology. Dr. W. L. Pollock read a paper on the "Differential Diagnosis of Diphtheria and Membranous Croup." Dr. J. Little read a paper on "Hernia," and discussed a new method of treatment. Dr. S. T. Anderson delivered an address in the evening on the subject of "Alcohol as a Food, Beverage and Medicine," in which he took the scientific ground that alcohol was really a food. Dr. A. T. Barnes read an exhaustive paper on the "Responsibility of Insane Criminals," in which he took a somewhat Spartan view of the subject. The next meeting of the society will be at Paxton. The officers elected at the present meeting were: Dr. A. H. Scott, President; Dr. D. L. Jewett, First Vice-President; Dr. L. S. Wilcox, Second Vice-President; Dr. C. T. Orner, Secretary and

Treasurer. The Board of Censors consists of Drs. E. Wenger, W. L. Pollock and J. Y. Campbell. Drs. Pearman, McCaughey and Little are to make a report on "Surgery" at the next meeting. Drs. White S. S. Baughman and E. Wenger on "Practice." Drs. John Clouser, H. A. Winter and D. L. Jewett on "Obstetrics." "Dr. C. B. Johnson on "Skin Diseases." Dr. W. Hill on "Medical Legislation." Dr. S. M. Wylie on "Nervous and Mental Diseases." Dr. S. M. Sims on "New Remedies." Dr. N. R. Marshall on "Diseases of the Eye and Ear." Dr. S. H. Birney on "Antiseptic Surgery." Drs. C. T. Orner and W. L. Pollock on "New Discoveries in Medicine and Surgery." Drs. L. M. Dawson, J. Y. Campbell and L. S. Wilcox on "Gynæcology." Drs. Crane, Campbell and Wylie were elected Committee of Arrangements. The exercises were pleasantly terminated by a banquet. The meeting was in nearly every respect a most decided success. Q.

PHILADELPHIA MEDICAL SOCIETIES.

PHILADELPHIA, May 13, 1882.

The death of the patient of Dr. Livingston's asylum alluded to in my last letter, has been found to be due not to maltreatment but to a physical disease independent of treatment. The case has called attention to the extreme laxity of the laws respecting lunatic asylums a certificate from a single physician being sufficient to incarcerate patients for an indefinite period. Dr. Griffin has been found guilty of causing the death of the patient reported in the last number of the Review, and has been placed in the Pennsylvania Hospital for the Insane the incarceration being fully warranted by his mental condition.

At a recent meeting of the Philadelphia County Medical Society, the question of admitting women to membership in the society was brought up in a practical form by placing before the society as candidates five ladies, who met the approval of the Board of Censors. At a previous largely attended meeting it had been decided that women were eligible as members of the society. The Board of Censors, however, claimed that females were not eligible as members, and offered an amendment to the by-laws of the society inserting "or she" after the words "he," wherever that occurred. This amendment was not agreed to; the Society, however, stultified itself by black-balling every one of the lady

candidates. At the College of Physicians, Dr. George C. Harlan reported two well described cases of congenital iridderemia. In one case lamellar cataract existed; in the other there was a dislocated cataractous lens. Numerous hypotheses have been suggested to account for its occurrence, but most of them are more fanciful than philosophical, and perhaps none of them are more rational than that maintained long ago by Von Ammon, who, in view of the late appearance of the iris, after the choroid is fully formed, considered its absence as simply the result of an arrest of development of the uveal tract. It is a curious fact that this anomaly is almost invariably symmetrical. According to Manz (*Handbuch für Augenheilkunde* II. p. 90), but one case has been reported in which it occurred in one eye only. Another point of interest in the history of this defect is its decided tendency to hereditary transmission. A number of cases of inheritance have been reported; one (quoted from Von Ammon by Lawrence) in which one member of the first generation was affected, three of the second, and five of the third. The coincidence of cataract with iridderemia is not constant, as cases are recorded in which the lens was transparent. One is reported by Dr. Reuling (*American Journal of Medical Sciences*, January, 1875), in which vision was sufficiently acute to enable the observer to determine that the power of accommodation was unimpaired. As explicated of certain reported cases of partial iridderemia, the observation of Dr. W. F. Morris on these two cases are of interest. He says: "Through the kindness of Dr. Harlan, I have had an opportunity of making an examination of the patients whose cases have been described. On first inspection of one of the cases, I thought I could detect a slight peripheral remnant of the iris, but more careful examination, aided by the ophthalmoscope (oblique light), showed that every vestige of iris was wanting, that this appearance was due to the shadow cast by the limbus conjunctivæ corneæ on the periphery of the anterior chamber." Many cases are thus explained.

ACCORDING to an exchange, any one who can write a prescription for Spts. Vini Gallici can practice medicine in Maine.

A FEMALE physician of Indiana has been sued for malpractice, by a man whom she treated for a fracture of the thigh.

REVIEWS.

THE SCIENCE AND PRACTICE OF MEDICINE, or the Pathology and Treatment of Internal Diseases; By Alonzo B. Palmer, M. D. LL. D., Detroit, Michigan. Volume I. New York: G. P. Putnam's Sons, 1882; W. T. Keener, Chicago.

This is the first volume of a new American candidate for medical favor. The author claims that a work of the present kind is indicated since most of the works of practice are based either on European experience or on the results of hospital practice among the semi-pauper hospital class. "This work," he claims, "has been prepared from the standpoint of an American physician whose practice for years has been in a village and farming population, who has become familiar with diseases in their beginning as well as in their advanced stages, both in a country and city practice, more in the West, but also in the East, in the army during the late war as well as in civil life, from the standpoint of one who for years has been engaged in public clinical and hospital as well as private practice." This certainly does not err on the side of modesty and, perhaps unintentionally, casts somewhat of a slur on other American physicians who have written works on the practice of medicine. The present volume is devoted to "General Pathology and Therapeutics." Under which head is included reference to inflammation from a pathological and therapeutical standpoint, pyrexia, infectious poisons, and minor diseases. This portion of the book contains a mass of non-essential detail on physics, etc. The author makes some rather erroneous statements in the portion devoted to pyrexia, for he says, "If the temperature of the blood falls below ninety-two degrees except in rare cases of poisoning by alcohol, where recovery has taken place, after the temperature had reached ninety degrees, death occurs. Lowenhardt and Zenker have both reported cases in which the temperature fell below ninety degrees, there being no alcoholic poisoning, without serious results. Wood's researches on fever are passed by without mention. The subject of the special fevers is very thoroughly dealt with in the section on "Particular General Diseases." That material changes in the brain or spinal cord are necessary to produce nervous and mental symptoms during fever has certainly not been shown. There is a

little pandering to the total abstinence fanatics in the section on thirst, which is somewhat out of place in a scientific work. The section on the treatment of fevers contain much that is valuable, but would gain much by condensation. The section on malarial fevers is in many respects practical, and up to the times. The section on relapsing, typhoid and typhus fevers do not contain anything calling for mention, which may also be said of the section on diphtheria, small-pox, varicella, measles, rötzel, scarlatina and cholera. The researches of Schmidt are totally ignored. The sections on erysipelas, pyæmia, septicæmia, purpura and hæmatophilia, are just about up to the average of the remarks on these diseases found in most works on practice. The sections on leucocythæmia, simple anæmia and chlorosis, are somewhat meagre. Of the sections on Addison's disease, much the same might be said. The sections on diabetes mellitus and insipidus, contain a fair résumé of existing knowledge on the subject, but nothing specially original. On the sections on dropsy, gout, rheumatism, the same criticism can with justice be made. The sections on stomatitis, noma, cynanche and diseases of the throat are pithy and practical. The same remark can be made with justice respecting the diseases of the stomach and œsophagus. The treatment of the subject of dyspepsia is rather meagre, and at the same time rather voluminous. The sections on diseases of the intestines are about up to the average of the sections in the book. The subject of lead poisoning is by no means exhaustively discussed. The same remark will apply to the sections on diseases of the liver, which are the closing ones of the volume. The author's style is somewhat too diffuse. The Latinity of most of his prescriptions could readily be improved. The book is certainly inferior in conciseness to Bartholow. In clearness it is not comparable to the work of Watson. In some respects the present volume is superior to certain sections of Flint's work, but falls far below the standard of the others. The book is very well issued, as might have been expected from its publishers.

DR. Duhring's book, Diseases of the Skin, has been translated into Italian.

THERE are now six medical journals published in the Japanese languages in the cities of Japan.

NERVOUS DISEASES; Their Description and Treatment. A Manual for Students and Practitioners of Medicine. By Allan McLane Hamilton, M. D. Second Edition. Revised and Enlarged. Philadelphia: H. C. Lea's Son and Co., 1881.

This is the second edition of a book which has been outrageously praised by certain journals which have never read it on the well-known principle that to read a book destroys the impartiality of the reviewer. In the preface the author seizes the opportunity to thank his impartial reviewers; the reviewers aforesaid being evidently intended as the recipients of the thanks. The first edition of the book has already been made the basis of a suit for plagiarism. In consequence of this, Dr. Hamilton has endeavored to remove all traces of the author plagiarized, from the present volume. There were some comical mistakes in the orthography of the names of foreign neurologists, and these errors received some attention by the reviewers of the *Journal of Nervous and Mental Disease*, and the *Richmond and Louisville Medical Journal*. It is just the errors that these reviewers grew tired of pointing out which remain in the present volume. Not to cite others, Westphal is in several places generously made the recipient of a second l, in his name. The citations from various authorities are a profound and dubious mixture of several languages, English at times predominating. The book, taken altogether, is a mixture of confused diagnosis, and dubious pathological anatomy, couched in very bad English. It is one of those treatises which insult the general practitioner by claiming to be especially written for him, and which are only published by dint of the personal influence of the author. There is really no reason for a second edition of the book.

DE LA LITHOTRITIE RAPIDE. Par Dr. Reliquet, Paris, Adrien Delahaye et Emil Lacroisnier, 1882.

This book of eighty pages contains an interesting account of a method of lithotritry devised by Dr. Reliquet, containing full descriptions and illustrations of the operation itself, and certain instruments invented by Dr. Reliquet for it. There is also a full account of the various apparatuses and instruments devised by different authors, including an appreciative description of Bigelow's method. The book is very well printed, and well illustrated.

BOOKS AND PAMPHLETS.

Dr. Morvan Lannilis, France, Myxœdema, in Lower Brittany. Reprinted from the *Gazette Hebdomadaire de Medecine et de Chirurgie*.

Wm. Goodell, M. D., Philadelphia, Penn. Extirpation of the Ovaries for Insanity. Reprinted from the *Journal of Insanity*, April, 1882.

John P. Gray, M. D., Utica, New York. Opinion as to the Sanity of Charles J. Guiteau, Washington, 1882.

F. Crosby Co., New York. Vitalized Phosphates. Reprinted from the *New York Medical Journal and Obstetrical Review*, March, 1882.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from April 14, 1882, to April 28, 1882.

Gardner, W. H., Captain and Asst. Surgeon. His assignment to duty at Fort McKavett, to relieve Surgeon Waters, revoked, and to report to the Commanding Officer, Fort Davis, Texas, for duty as Post Surgeon. S. O. 38, Dept. of Texas, April 14, 1882.

Lauderdale, J. V., Captain and Asst. Surgeon. Par. 1, S. O. 47, c. s., from these Headquarters, in regard to him, revoked; and he will proceed to Fort Sully, D. T., and report to the Commanding Officer of that Post for duty. S. O. 59, Dept. of Dakota, April 13, 1882.

Byrne, Chas. B., Captain and Asst. Surgeon, (Ft. Barrancas, Fla.) Assigned to temporary duty at Mt. Vernon Bks., Ala., during absence of Asst. Surgeon Cunningham. S. O. 41, Dept. of the South, April 12, 1882.

Brown, P. R., Captain and Asst. Surgeon. To be relieved from duty in Dept. of Texas, on receipt of this order, to proceed to New York City, and on arrival report by letter to the Surgeon General. S. O. 88, A. G. O., April 17, 1882.

Finley, J. A., Captain and Asst. Surgeon. Relieved from duty at Fort Concho, Texas, and assigned to duty as Post Surgeon at Fort McKavett, Texas, relieving Surgeon Waters. S. O. 38, c. s., Dept. of Texas.

Maus, L. M., Captain and Asst. Surgeon, having reported at these Headquarters, will proceed to Fort Lewis, Colo., and report to the Commanding Officer for duty. S. O. 86, Dept. of the Missouri, April 24, 1882.

Kilbourne, H. S., Captain and Asst. Surgeon having reported in person at these Headquarters, will proceed to Fort Shaw, Mont. T. and report to the Commanding Officer of that Post for duty. S. O. 60, Dept. of Dakota, April 14, 1882.

Porter, Jos. Y., Captain and Asst. Surgeon. His leave of absence for one month granted him in S. G. 32, Dept. of the South, March 14, 1882, extended one month with permission to apply for a further extension of twenty days. S. O. 17, Mil. Division of the Atlantic, April 25, 1882.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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J. G. KIERNAN,
Theory and Practice of Medicine and Therapeutics.
EDWARD C. SPITZKA,
Diseases of the Nervous System and of the Mind.
CHRISTIAN FENGER,
Surgery.
E. C. DUDLEY,
Gynæcology.

HENRY GRADLE,
Physiology, and Diseases of the Eye, Ear and Throat.
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AMERICAN MEDICAL ASSOCIATION.—The coming meeting of this association threatens to be somewhat inharmonious. The question of the Code of Ethics promises to have entire domination and to consume time in acrimonious disputes about non-essentials which should be devoted to science. The medical societies of the States of Indiana, Kentucky and Pennsylvania have strongly denounced the New York Code of Ethics and called upon the American Medical Association to take action in the matter. Against any action in the premises is the precedent of the Asylum Superintendent's Association. This, however, has been ignored by the State Societies already mentioned, and will not impress itself very strongly on others. Its agitation may, however, have one good result, it may lead friends of the asylum association who are very numerous in the American Medical Association to have the whole question buried in a committee, and thus by a subterfuge prevent too much waste of time. Will anything be done by the Association in the interests of medical educations. It is scarcely probable that more than the usual generalities will result. The mania errabunda to which the Association has been addicted should be in some measure checked, and an attempt made to secure a permanent place of abode. Some measures should also be taken to

bring the different national associations of specialists into relation with this one, and thus strengthen its various sections. The Association should abolish the transactions and substitute therefor a medical journal which should follow a plan similar to that of the British Medical Journal.

PRELIMINARY EDUCATION OF MEDICAL STUDENTS.—At a recent meeting of the Alumni Association of the New York College of Physicians and Surgeons, Dr. William H. Draper advanced some peculiar views respecting the preliminary education of medical students. He said the idea of demanding a standard of preliminary attainments as requisite to a medical course, was a decidedly impracticable one, under existing circumstances. Young men cannot be prevented from wishing to enter the medical profession, nor is it practicable to exclude them from medical schools because they are not Bachelors of Arts. Reformers are hence following a will of the wisp in seeking to impose upon medical colleges this pre-requirement of a preliminary education. Dr. Draper believes that the only advance which is attainable is a longer term and more thorough training in the medical colleges. Dr. Draper's objection to a preliminary educational requirement is, that an enormous competition among medical colleges renders it necessary "to

graduate students at as little expense as possible." It must be obvious at first glance that Dr. Draper's argumentation is very faulty. The long term and the preliminary requirement stand and fall together. A college which requires a long term and thorough training cannot compete with the short term schools. The great objection which the average student has to attending a long term school is not the fees of the school, but the time required for study. The latter is the costly article and and between a long term school with no preliminary requirements and a short term school with preliminary requirements, he will certainly choose the latter. It is difficult to see how Dr. Draper can make such absolute statements. What is certainly desirable and practicable is a requirement at least of a preliminary English education. Dr. Draper directs the attention of his audience to the A. B., as if that were the sine qua non of the reformers. It seems scarcely credible that Dr. Draper can believe that overburdened and overloaded, as even a four years' medical course must be, it can make up for lack of previous education. This suggestion is an eminently impracticable one and seems to partake of a short sighted tender regard for the interests of the medical colleges rather than for the best interests of the profession.

TANNIC ACID IN ALBUMINURIA.—Dr. Frerichs sometime ago recommended the use of tannic acid in albuminuria on theoretical and empirical grounds. Certain researches of Dr. Ribbert (*Centralblatt für die Medicinische Wissenschaften*, No. 3, 1882,) seem to support very strongly Frerich's suggestion. After inducing artificial albuminuria by compressing a rabbit's renal artery, Dr. Ribbert injected half a drachm of five per cent. tannic acid solution. On the kidney being excised and examined, the quantity of coagulated albumen in the Malpighian corpuscles was markedly less than usually found under such circumstances. This solution of tan-

nic acid was frequently found to cause blood coagulation and death, so Dr. Ribbert made use of a two per cent. tannic acid solution, neutralized with soda carbonate, and injected six drachms and a half of it without any serious consequences. After the use of this latter solution, albumen was not present at all in some of glomeruli and in others there was but a small portion. Dr. Ribbert recommends tannin and soda tannate in larger doses than are usually given, especially early in nephritis when, he claims, the disease is still confined to the glomeruli.

DEATH FROM POTASSIUM BROMIDE.—D. P. T. Duncan, Putney, England (*British Medical Journal*, April 29, 1882), was called to see a three year old boy suffering from convulsions attended by slight loss of consciousness. The child was otherwise apparently healthy. After an enema and five grains of potassium bromide, the child grew markedly better. His medicine bottle containing eighty grains of potassium bromide was left within his reach, and he drank the whole of it dying within one hour. No autopsy. That the death was due to the drug is not absolutely certain.

JUGLANS CINEREA IN ABORTION.—Dr. W. L. Bell Morrelton, Arkansas (*Medical Brief*, May, 1882), reports several cases in which butternut, given in the form of a compound syrup, has been of marked value in the prevention of abortion. The formula used by him is as follows: $\mathcal{R}$ Ex fl Hyoscyamus 3i; ex fl Juglans cinerea 3i; ol sassafras 3ss; sodii super carbonate 3ss; syrup simplicis 3vi; M. This mixture should be given in teaspoonful doses three times a day from the time of the threatened abortion till the completion of gestation. Juglans cinerea was at one time used in the treatment of scrofula, and as a wash for leucorrhœa. An alkaloid has been found in it by Tanret, but of the properties of this alkaloid nothing is known. Dr. Bell's cases seem to be about the first in which the drug has been used in abortion.

EUPHORBIA IN ASTHMA.—It has been recently claimed that euphorbia pilufera is of benefit in asthma. One ounce of a decoction of the leaves of euphorbia pilufera (British Medical Journal, April 15, 1882,) is placed in two quarts of water and allowed to simmer till the quantity is reduced one half. The resulting decoction is taken in wine-glassful doses twice or thrice a day with very prompt effect.

LARYNGEAL CROUP IN TYPHOID FEVER is of somewhat exceptional occurrence. While the possibility of its occurrence is admitted by authorities, published cases are not numerous. Dr. E. W. Cushing (Boston Medical and Surgical Journal, May 11, 1882,) reports such a case with a very decided history, and supplemented by a pathological specimen. There is, of course, a possibility that the case was one of typhoid fever complicated by diphtheria.

ACONITE AND ACONITIA.—There is considerable discussion going on in England, France and Germany, over the uncertainty of commercial aconitia. Dr. E. J. Tilt (British Medical Journal, April 8, 1882,) narrates an instance of a large dose of tincture of aconite (British Pharmacopœia) given in a very severe case of cerebral neuralgia, to a highly nervous lady, at the menopause. One or two attacks occurred every week, and were so severe that she was obliged to stop in bed, in a dark room for two or three days, the pain being sometimes accompanied by vomiting, oftener by salivation. There was but a little dark colored urine passed at the beginning of the attack, which ended by an abundant flow of limpid urine. These attacks have now lasted twelve years, and they still occur. Treatment suggested by Dr. Handfield Jones, Dr. Russel Reynolds, and Dr. Ogle had not the slightest effect on the attacks. The application of six leeches to the temples shortened them; going out of town kept them in abeyance, once for six weeks; aconite was the only medicine that

did the same. The patient took the tincture of aconite in an aromatic infusion, for sixteen weeks, beginning with five drops, and gradually increasing the dose till she took twenty-five drops, three times a day. That dose caused so great a sense of fulness in the throat, and of tingling and numbness of the tongue that it was reduced to twenty drops three times a day, which caused slight physical effects only. The remedy kept off the attacks for two or three, and once for four weeks; but did not in the least diminish their intensity. Sixteen week's trial of a dangerous medicine was thought to be sufficient. The prescription was made up at a respectable druggist's. Whether the patient's idiosyncrasy made her able to bear large doses of aconite, or whether there was something wrong in the tincture cannot be said. Dr. Greenhalg once nearly lost a patient to whom he had ordered an enema containing nine drops of tincture of aconite.

PTOMAINES.—Dr. N. B. Sizer (King's County Society Proceedings, May, 1882), after an exhaustive review of the literature of this subject, comes to the following conclusions: The alkaloids of cadaveric origin are distinguished not only by their basic qualities and powerful reducing properties, but by their greater or less toxic power and physiological effects as dilatation, irregularity and final contraction of the pupil, interference with cardiac rhythm, stupor, tetany, and death with cardiac systole, want of blood coagulability, loss of muscular contractility. These facts apply not only to Selm's ptomaines arising from albuminoid putrefaction, but also from certain toxic compounds contained in the normal mammalian secretions and excretions. Ptomaines and serpent venom are allied to the alkaloids of normal saliva.

DR. Herman Knapp has accepted the Chair of Ophthalmology in the University of New York City, made vacant by the resignation of Dr. Roosa.

PURPURA IN PHTHISICAL PATIENTS.—Dr. Ducazel (*La France Medicale*, March 14, 1882,) has recently reported a case of purpura occurring in a tubercular patient whose mother had also been tuberculous. The purpura was of violaceous hue during the day, and during the night became scarlet and very painful. There is a certain regularity about the changes in hue. Dyspnoea and cough and the purpura seem to alternate in severity. It is very probable that there is a hysterical element in the case, which is not without influence.

A RARE PARASITIC DERMATOSIS.—Dr. Niellè (*British Medical Journal*, May 6, 1882,) has observed a papular eruption on a fourteen year old cabin boy, which resembles the skin disease called *craw*, common among the Negroes of the Guinea coast. Microscopical examination of the serosity of the papules revealed nematoid worms similar to *filiariæ* in all stages of development, from the adult and sexual to the embryonic. In the latter stage they are to be found in the blood. The disease is not contagious. The filaria is believed to enter the system by means of the water drunk. The adult worm is one-third of a millimetre long and one one-hundredth of a millimetre in diameter.

PERINEORRHAPHY AND TRACHELORRHAPHY.—Dr. J. B. Hunter (*New York Medical Journal*, May, 1882,) says with respect to Emmet's operation for cervical and perineal laceration at the same time that he, several years ago, tried this method in an hospital patient, who could not remain long enough to have the operation done at the usual interval of two or three weeks. It succeeded so perfectly that he has since done the double operation frequently in hospitals and private practice, and has always had good results. If, however, the cervical laceration is very extensive, or any condition exists that renders hæmorrhage probable, the operations are done separately. In case it is desirable not to

keep the patient too long under the ether, the operations should not be done at the same time. The disadvantages are that it is impossible to reach the cervix if it should be necessary without sacrificing the new perineum, the patient is longer under ether, and the sutures can not be removed from the cervix so soon. The advantages are that the patient takes ether but once, and that she and her friends are spared the preparation, always formidable for a private family for two operations, that she lies in bed no longer than in the case of the operation on the perineum alone; that a delicate patient is less fatigued than after two separate operations. Dr. Hunter usually removes the sutures from the perineum on the eighth day, and from the cervix two weeks later, though with care these latter can be taken out earlier. There is no objection to their being allowed to remain in a month or so, if desirable, as they cause no irritation or inconvenience if the twisted ends of the wire are bent over and out of the way. While Dr. Hunter does not recommend the double operation as a rule, he considers it preferable in many cases.

BANTINGISM AND ECZEMA.—Mr. Balmanno Squire (*British Medical Journal*, April 8, 1882,) claims that Bantingism is of great value in the treatment of eczema occurring in lymphatic or fat and pasty looking infants, or more properly speaking children two or three years old. The plan of dieting these, according to Bantingism by Mr. Squire, is as follows: In place of pure milk they should take milk diluted with an equal or double quantity of water. In lieu of bread and butter they should take dry toast or dry biscuit. All the fat should be cut away from meat which may be given them. No oily fish should be eaten, nor any vegetable roots nor any fruits. Under this system of dieting eczema has been found by Mr. Squire to rapidly improve.

THE first attempt at medical education in the United States, was made in New England in 1629.

HÆMOSTATIC INJECTIONS INTO THE PERITONEUM.—Dr. E. Schwartz (Centralblatt für Gynakologie, No. 6, 1882,) claims that the dangers from intra-uterine injections of liquor ferri perchloridi, tincture of iodine, and of strong solution of nitrate of silver, finding their way into the peritoneal cavity are very much over estimated, and gives as corroborative of this claim the results of seven experiments on dogs, in which it was found that none of the substances, when used in quantities of one cubic centimetre, were capable of producing dangerous or suppurative peritonitis. On the whole no bad effects were noticed. Two of the dogs killed and examined six months after the injection, showed no trace of inflammation or adhesion in the peritoneum. Dr. Schwartz draws the very rash inference that intra-peritoneal use of ferri chloride to stop hæmorrhage after removal of adherent fibroids may be resorted to without fear, but for all that, his experiments on dogs are not crucial and his advice should be therefore taken cum grano salis.

PULSATILE EMPYEMA.—Dr. Comby (Journal de Medecine et de Chirurgie Pratiques, May, 1882,) calls attention to a pulsatile variety of empyema. By pulsatile empyema he means a pleural exudation which presents pulsations perceptible to the eye. Pulsations which are independent of those of the heart. There are two varieties of this affection which is very rare. The first variety is pulsatile empyema without external tumor. The second is pulsatile empyema with external tumor. This affection might be confounded with aneurism, but the absence of a bruit is sufficient to settle the differential diagnosis.

THE MYDRIATIC ALKALOIDS.—Dr. E. J. Jackson, West Chester, Pennsylvania (Medical and Surgical Reporter, May 13, 1882), after experiments with atropia, hyoscyamia, and duboisia upon himself, is inclined to believe that these drugs are not only chemically but also physiologically identical.

STRYCHNINE IN PROLAPSUS ANI.—Into the editorial on this topic in the May 15 number of the Review, there crept a somewhat serious typographical error of giving a dose of one-twelfth, for one hundred and twentieth of a grain.

APTHOUS VULVITIS.—Dr. Parrot (L'Union Médicale, March 16, 1882,) claims very good results from the treatment of this affection, when occurring in young infants, by painting the vulva each day thickly with iodoform, the labiæ being prevented from adhering by a small amount of charpie being placed between them. After the first application the vulvitis improves.

DIGITALIS according to Von Zeimssen (Cincinnati Lancet and Clinic) acts most surely when given in the form of powder, and as a cardiac tonic in doses of five centigrammes to at most ten centigrammes thrice a day. He observed, parenthetically, that the leaves gathered in Munich and Upper Bavaria were extraordinarily rich in digitaline. The infusion is the next best preparation after the powder; the tinctures are of uncertain strength and should be avoided. Digitalis itself is very unequal in its action, and its use is not unattended with danger, as it contains other alkaloids, of which the digito-toxin of Schmiedeberg appears to be the most active. The tonic and regulating action of the drug upon an enfeebled heart is shown in chronic cases after the administration of a gramme to a gramme and a half, and is well marked after eight to ten days. The drug should then be withheld for a week, after which it may again be given for six to ten days. There is scarcely a drug in the whole pharmacopœia, which acts with equal rapidity upon so complicated an apparatus as the heart. The use of digitalis in chronic myocarditis, in fatty degeneration of the heart, in disturbances of the compensation due to valvular lesions, etc., resulting in stasis of the pulmonary and general circulations, is not yet sufficiently appreciated as to the results from long-continued small doses.

BORACIC ACID IN OTORRHOEA.—Dr. Charles D. Turnbull (Medical and Surgical Reporter, May 13, 1882,) claims that boracic acid, well powdered and “bolted,” filled into the meatus, previously carefully cleaned through the speculum, and packed layer upon layer by gradually withdrawing the speculum till it reaches the mouth of the meatus, is almost a specific for otorrhoea, as he has cured every case of the hundreds he has treated and kept records of for the past three years. If the discharge ceases and leaves a hardened mass of discharge and powder filling the meatus, it must not be removed by force or syringing but must be softened by instillation of warm fluid cosmoline. As the mass softens it may be delicately picked loose or blown out of the meatus by the rubber bag of a Politzer’s air douche.

CARBOLIC ACID POISONING.—Dr. Inglessi (Bulletin Générale de Therapeutique) has arrived at the following conclusions respecting this: First: The symptoms by the external application of carbolic acid are the same as those which arise from the absorption of the poison by the stomach from the gastric mucous membrane. Second: Poisoning occurs certainly where the acid has been applied to the skin or injected into a serous or mucous or abscess cavity. From the exposed surface of a wound the absorption is very slight, and the toxic effects trifling. The mucous membrane of the respiratory passages may serve as the place of introduction of the poison. Third: The effects may assume a very acute form, a less acute form, or a chronic form. Fourth: There exist certain idiosyncrasies; women and children are especially liable to carbolic acid poisoning. Fifth: The toxic dose is variable. In persons predisposed, one grain of carbolic acid may be sufficient to poison. Sixth: Carbolic acid as an application to contused wounds, should be used with caution, and in some cases should even be substituted by a less dangerous agent. Seventh: The treatment of severe car-

bolic acid poisoning should consist in artificial respiration, diffusible stimulants, especially the hypodermic injection of ether. In other cases the removal of the cause, through the discontinuance of the remedy, will suffice to remove the symptoms.

EXPERT VERSUS EXPERT.—Dr. A. E. Macdonald testified in the Grappotte trial (American Journal of Neurology and Psychiatry, May, 1882,) that men really insane do not recognize their insanity, and in consequence do not conceal their delusions. To illustrate, a clinical lecture (Medical Record, November 22, 1879, page 484,) he showed one of his patients who believed himself filled with tar and grease, but admitted his insanity and expressed great anxiety for its cure. In the American Psychological Journal, January, 1876, he calls attention to the tenacity with which the insane conceal their delusions. Which of these diametrically opposed opinions is Dr. Macdonald’s real opinion, no one can say, but his expression of the opinion first quoted overbalanced the opinion of eight general practitioners and led to a judicial murder.

VAGINAL OVARIOTOMY.—Dr. W. H. Baker, Harvard, (New York Medical Journal, March, 1882,) relates a case in which he removed a suppurating dermoid cyst of the ovary per vaginum, and remarks that the success which now attends ovariectomy by abdominal incision renders the cases very few in which removal by the vagina would be the better method. He would limit it: First: To cases where the cysts are small and their contents bland, so that removal can be effected without difficulty, and without great danger of septic peritonitis from the escape of any of the fluid into the peritoneal cavity. Second: To dermoid cysts so small as to be removed through the vaginal incision without evacuation. In the case of an ovarian cyst firmly adherent in the pelvis, he believes the best operation to be that of drainage into the vagina, with subsequent destruction by suppuration or by the cautery.

MERCURY BICHLORIDE IN VARIOLA.—Dr. S. V. Clevenger in a recent communication calls attention to the fact that mercury bichloride is likely to be of value during the papular stage of variola.

A NEW VOLTAIC CELL.—This cell, which it appears will be easy of transportation, and at the same time cheap and effective, is made as follows: The inner cell is of porous clay and contains a rod of zinc in a solution of caustic soda or potassa. The outer cell may be an old oyster can, and is packed with iron filings. Twelve of these cells were sufficient to produce an electric light. They would doubtless produce an excellent current for medical purposes, useful in many cases.

OPTIC BLOOD VESSELS IN GLAUCOMA.—Dr. W. C. Ayres, New York (New York Medical Journal, May, 1882), calls attention to the fact that in some cases atropine has given rise to the appearance of acute glaucoma. Why, he asks, may not glaucoma be attributed to some abnormality of the vessels of the interior of the eye, as was suggested long ago by Von Grafe. Since it is almost certain that none of the ætiological theories of glaucoma will bear scrutiny except the choroid hypothesis, so much more stress can be laid on this, as glaucoma is thus produced in myopes, the very persons not predisposed to the disease. Hypermetropia is the condition in which the disease is most frequently found. This tendency of atropine is further evidence of the influence of the blood vessels in the production of glaucoma. It suggests also, that the peculiar form of the disease known as hæmorrhagic glaucoma may be only a more decided form of the affection, so far as the blood vessels of the choroid and retina are concerned. It also explains why surgical operative interference is contra-indicated in glaucomatous eyes, not only from danger of retinal hæmorrhage, but also from profound disturbances of the choroidal circulation readily leading to panophthalmitis.

SALICYLATE OF CHINOLINE IN OTORRHOEA.—Dr. Charles H. Burnett (American Journal of Otology,) says concerning this, that chinoline is a transparent, colorless oily fluid, sparingly soluble in cold water but more freely soluble in hot water. It mixes in all proportions with alcohol and ether. It is made from coal tar, is an energetic bactericide poison in a one-fifth of one per cent. solution, and in the same proportion prevents lactic acid fermentation. It forms several salts, among which the tartrate and salicylate are both colorless, the former occurring in the form of small acicular crystals, whilst the latter, is an amorphous powder. The latter is creamy white, of an aromatic odor, and well adapted for insufflation, being far superior in this respect to resorcin. It is disinfectant, non-irritant, detergent, and quite as healing as resorcin. He has employed it pure, as a powder for insufflation, in several cases of otorrhœa, without ill, and apparently with good effect; but the comparatively short experience will not permit very positive assertions in the latter respect. Salicylate of chinoline compares very favorably with resorcin in therapeutic effect, is far superior to it as a powder for insufflation. Under the local use of each the mucous membranes are blanched quickly, most so by resorcin, and so remain for twenty-four hours, become cleaner, and discharge less than they did before the application of the salicylate of chinoline.

COLOR BLINDNESS FROM CEREBRAL LESIONS.—The interesting case reported by Dr. Brill (Chicago Medical Review, April 1, 1882,) has, he writes, been recently supplemented by a post-mortem. There was found thrombotic softening, destroying exclusively the cortex of the fissura calcarini of the lower half and apex of the cuneus, and the adjacent part of the gyrus lingualis as well as the subjacent white substance. The rest of the brain absolutely healthy, no collateral œdema or inflammation. The arteries were slightly atheromatous.

VENESECTON.—That the disciples of Broussais carried venesection to an enormous excess, there can be no doubt, and this had two very natural results. Venesection fell into desuetude and numerous quackish systems of medicine rode into public favor over the popular prejudice raised by the downfall of the school of Broussais. The question is, however, now being asked by many thoughtful physicians, whether by the disuse of venesection the profession has not lost a very potent and valuable therapeutic agent. Dolan (Review, Vol. IV. p. 395) has made some very moderate claims for its use in cases of internal inflammation, in which a direct capillary circulation exists between the skin and the part affected. Dr. Dunn (Boston Medical and Surgical Journal, May 11, 1882,) claims that despite the abuses of former days, venesection has sufficient merits as a therapeutic agent to demand earnest consideration, and should be had recourse to in carefully selected cases. In febrile attacks, loss of blood will lower the temperature and this decrease is disproportionate to the amount of blood lost. Venesection does not diminish the amount of blood but renders it more watery, whereby the pulmonary circuit is promoted and the functional labors of the lung are diminished. The pulse is not a criterion of the amount of blood to be removed. These opinions were supported in an ensuing discussion by Drs. Bowditch and Harlow, and are in full accordance with the previously expressed opinions of Richardson and others.

NASAL POLYPI AND ASTHMA.—After an extended examination of the relations of polypi to asthma, Dr. Joal (Archives Gènèrales de Mèdecine, May, 1882,) claims nasal mucous polypi occasionally produce dyspnœic troubles of an asthmatic nature. This symptomatic asthma is most frequently observed in arthritic subjects. It is most frequently produced by a reflex action consecutive to an irritation of the nasal mucous membrane. The excitation may have

as a point of departure the sensitive filaments of the pneumogastric which are spread over the pharyngeal or bronchial mucous membrane. He claims also, therefore, that asthma may arise in consequence of catarrhal and emphysematous lesions attributable to nasal polypi. The asthmatic accidents may be improved or removed by ablation of the nasal polypi. The nervous troubles produced by nasal polypi may consist in spasmodic sneezing showing itself in paroxysms. There is no essential improbability in these views. At the same time it certainly has not been shown that asthma is caused by nasal polypi, producing alterations of the bronchial mucous membrane, and thus leading to emphysema and consequent asthma. The asthma is most likely produced without reference to the influence of emphysema.

STRETCHING OF THE OPTIC NERVE.—The first attempts at stretching this nerve were made by Wecker, only one of whose cases, an unsuccessful one, was reported. Dr. Kummel (Deutsche Medicinische Wochenschrift, No. 1, 1882,) after experiments on animals and on the cadaver has satisfied himself of the harmless nature of the operation. This consists in passing a blunt spatula shaped instrument through an opening in the conjunctiva at the inner border of the cornea to the point of insertion of the optic nerve after tenotomizing the internus. Dr. Kummell, however, prefers passing a blunt strabismus hook in between the inferior and rectus. In seven cases operated on by him there were no serious consequences. Observations on the cadaver showed that tractions on the nerve produced an action extending as far as the entrance of the optic tract into the cerebral substance. In one patient, under treatment for a long time with potassium iodide and strychnine, there was an improvement after the operations. Dr. Kummell recommends the operation in slowly progressing atrophies where some qualitative light sensation still remains in the eye.

CURE OF LICHEN RUBER WITHOUT ARSENIC.—Up to till the present it has been the custom to treat all cases of lichen ruber with arsenic; a kind of a treatment resulting in recovery only after several months. Unna (*Revue Hebdomadaire de Therapeutique*) claims to have obtained much more satisfactory results without the use of arsenic by adopting the following treatment: The parts affected were vigorously rubbed with the following ointment: Benzoated pomade of zinc oxide, five hundred parts; carbolic acid, twenty parts; corrosive sublimate, one half to one part. In grave cases frictions should be made every morning and evening with this pomade, and the patient should be covered with linen immediately thereafter. The mouth should be watched and gargles used to prevent mercurial stomatitis. The urine should also be watched and if slight traces of carbolic acid appear therein, large quantities of water should be drunk immediately after the first friction, the itching which prevents the patient from sleeping disappears. Of six patient thus treated, two were cured at the end of eight days, two others at the end of fifteen days, and the two last, in whom the disease had lasted more than a year, in a little less than three months.

INSANITY CURED BY ERYSIPELAS.—Dr. Fritsch (*Jahrbücher für Psychiatrie*, Band III, Heft 3,) reports two cases of melancholia which recovered on recovery from an attack of erysipelas. The patients were markedly delirious during the erysipelas, but on recovery were found to be mentally sound. Similar cases have been reported by Esquirol (*Maladies Mentales*), Sponholz (*Allgemeine Zeitschrift für Psychiatrie*, Band XXX), Nasse (*Allgemeine Zeitschrift für Psychiatrie*, Band XXI), and Macleod (*Journal of Mental Science*, 1879.) It has been observed that acute diseases exert a beneficial effect on pre-existing insanity.

SIR John Rose Cormack died in Paris, May 10, 1882.

PHOSPHORUS POISONING BY THE RECTUM.—Dr. Landerer (*Archiv der Pharmacie*) reports a case in which a woman poisoned a boy aged fifteen, by introducing matches into his rectum. He died the same night in great agony.

DIABETIC ENDOCARDITIS.—Dr. Lècorchè (*Bulletin Générale de Therapeutique Médicale et Chirurgicale*, March 30, 1882) calls attention to the form of endocarditis of diabetic origin which he has found to be much more frequent among females than males. It has never been met with except in sub-acute or chronic diabetes. It appears late in the disease, two or three years or even longer after its onset. The slight degree of intensity of the disease rather than its duration, seeming to favor this complication. It is generally seated at the beginning of the mitral orifice, very rarely at the aortic orifice. Its presence is at first announced by a murmur at the apex and by an irregular and intermittent pulse. It increases the liability to death, and appears to be due to the irritating effects of the sugar on the lining membrane of the heart.

FRACTURES OF THE BODIES OF THE VERTEBRÆ.—Dr. E. H. Bennett, at the Dublin Pathological Society (*British Medical Journal*, April 29, 1882), showed three fractures of the bodies of the vertebræ which were exceptional in involving the spinal cord, and in fact, that in all three there was bony union. They were examples of the "fracture par écrasement" of Malgaigne. In one case the fourth, and in another the first lumbar vertebra was fractured. In both instances the body was cleft in the centre, the anterior fragment being depressed downwards; a small piece was thrust back into the spinal canal. In the third case a fracture detached the odontoid process downwards and forward. These cases certainly show that a certain number of individuals recover after an injury that has been of late, claimed to be fatal, especially in a well-known case.

THERAPEUSIS OF ZINC.—Dr. Testa (Bulletin Générale de Thérapeutique, February 15, 1882,) after extended experimentation with hypodermic injections of a twenty per cent. solution of zinc sulphate, claims that zinc has a marked action on the heart diminishing cardiac contraction and reducing blood pressure. The decrease in blood pressure results from the zinc directly causing contraction of the blood-vessels. Zinc acts on the intra-cardiac termination of the pneumogastric producing arrest of the heart in diastole. It reduces peripheral sensibility, almost to the point of complete anæsthesia and at times produces motor paralysis. It reduces motor and sensory excitability, and hence is indicated in convulsive neuropathesis. From this action on the nervous system and from its reducing utero-ovarian hyperæmia, it is also indicated in hysteria. From its action on the heart zinc appears to be indicated in certain cardiac palpitations of nervous origin.

INSANITY AND DIVORCE.—A committee appointed by the French Chamber of Deputies on the proposed new law of divorce, have had before them experts in nervous diseases. Of these, Dr. Charcot and Dr. Magnan reported that it was not possible to declare absolutely that insanity is incurable except in progressive paresis, in which case the patient dies in five years, thus bringing about a natural dissolution of the marriage. The committee, therefore, rejected the proposition of making insanity a cause for annulling the marriage contract. The *Union Médicale* comments as follows: "We would have thought that insanity, which may be, even rigorously speaking, curable, would have been considered one of the most urgent causes for divorce, because it is so terribly hereditary." There are forms of insanity just as incurable and just as curable as progressive paresis, and the statements were not strictly scientific. French alienists do not agree with Drs. Gray, Kempster and Macdonald, that no such thing as hereditary insanity exists.

OLEATES IN THE DERMATOSES.—Dr. Shoemaker read a paper at the recent meeting of the Pennsylvania State Medical Society, in which he claimed the following advantages for the oleates over ordinary ointments: First: Their deep penetration. The oleic acid gives them active ability to penetrate rapidly into the animal economy, and renders any salt with which it is combined more active and effective in dermic medication. Second: Their freedom from rancidity. Third: Their cleanliness of application. Fourth: Their great economy. Fifth: Their antiseptic action. Oleate of zinc is of great value in hyperidrosis and osmedrosis and eczema vesiculosum. Oleate of copper is of great value in tinea. Oleate of alumina is of great value in checking muco-purulent discharges. Oleate of iron has a mild astringent action. Oleate of arsenic is of value in lupus and the ulcerating variety of epithelioma, and is better borne than other forms of arsenic. The surface must first be abraded, otherwise there is no result. Oleate of silver is of value as a local application in erysipelas, and when sprinkled over old chronic ulcers sets up a healthier state of the parts. It is of use in carbuncles and boils, and will often arrest pustulation in its earlier stages.

ABORTION.—A case of this kind involving some curious medico-legal points was recently tried in Chicago. A girl died recently from metro-peritonitis. A midwife was tried for causing her death by an attempt to produce abortion. The autopsy showed that there had been apparently an attempt to produce abortion, but that the girl had never been pregnant. The case had been apparently one of pseudocyesis.

MENTAL STATUS OF GUTEAU.—Dr. W. A. F. Browne, Royal Commissioner in Lunacy for Scotland, (*Journal of Psychological Medicine*, Volume VIII., Part I.) after a careful analysis of the expert and other testimony given in the Guiteau case comes to the conclusion that Guiteau is insane.

LOCAL.

CHICAGO MEDICAL SOCIETY.

This Society met May 8, at the Grand Pacific Hotel. The meeting was a purely business one. Reports respecting reduction of railroad fare to St. Paul and Quincy were made. The Committee appointed to consider the proposition to change the place of meeting from the Grand Pacific Hotel to 242 Wabash Ave. reported individually. Drs. Ingals and Davis gave a written report, Dr. Hollister an oral. Dr. Ingals was opposed to making any change, Davis' views were conditionally favorable to removal. Dr. Hollister was conditionally opposed to removal. After some discussion by Drs. Graham, W. H. Curtis, Hessert, Earle, Jones, Fenn, Walters, Bogue, Brower, E. F. Ingals, Allport, Starkweather, Hotz, S. J. Jones and Paoli, it was decided to retain the present quarters. It was decided to adjourn during July, August and September. After other business of importance had been transacted, the Society adjourned till June 12.

CHICAGO MEDICAL COLLEGE.

The following changes have recently been made in the faculty of the Chicago Medical College: Dr. Rea¹ has resigned the Chair of Anatomy to accept the Chair of Surgery in the College of Physicians and Surgeons. Dr. E. W. Jenks has resigned the Chair of Gynæcology, and Dr. E. C. Dudley has been elected as his successor. Dr. Christian Fenger has been elected to the Chair of Pathology made vacant by the resignation of Dr. Hollister, who takes the Chair of Clinical Medicine. Dr. O. C. DeWolf, Health Commissioner, has been elected Professor of Hygiene and State Medicine. Prof. J. H. Long has been elected to the Chair of Chemistry. Dr. Quine resigns the chair of Materia Medica that he may devote his whole energy to the Chair of Therapeutics. Dr. Walter Hay has been appointed his successor. Dr. J. E. Owens has been made Professor of Sur-

gical Anatomy, and Dr. F. C. Schaeffer Professor of Descriptive Anatomy. A new Chair of Dental Diseases has been established, but as yet remains unfilled. Dr. E. O. F. Roler, who has so long been seriously ill, says he is fully restored and will be ready for active work at the next session. Dr. Roswell Park, Demonstrator of Anatomy, has resigned, but as yet no one has been appointed to fill his place.

RUSH MEDICAL COLLEGE.

The annual term of four weeks of the practitioners' course of lectures in the Rush Medical College closed May 1. The term was a successful one, about one hundred physicians from all parts of the country matriculating. In the evening the faculty gave a dinner to the graduates, in the Sherman house. Toasts were responded to by the members of the faculty, and the other physicians who expressed gratification at the success of the practitioners' course, and prophesied that great good would result from it in the near future.

CALCIUM SULPHIDE IN ORCHITIS.—Dr. C. A. Brice, Richmond, Virginia (Southern Clinic, March, 1882), claims very good results from the use of calcium sulphide in all forms of orchitis, whether resulting from traumatism or from mumps or gonorrhœa. He uses in addition to the calcium sulphide, such local applications as may be required by the indications presented by the case.

MEDICAL BOOKS IN EVIDENCE.—The Wisconsin Supreme Court (Northwestern Law Reporter) has recently held that medical books cannot be read to a jury as evidence, even though such books have been shown by expert testimony to be standard works in the medical profession. The decision is in full accord with previous decisions in other States.

ASYLUM CONFLAGRATIONS. — Another lunatic asylum fire is announced from Austin, Texas, but no lives were lost.

ORIGINAL CONTRIBUTIONS.

*MALARIAL OTITIS.**

BY F. C. HOTZ, M. D., CHICAGO, ILL.

Surgeon to the Illinois Charitable Eye and Ear Infirmary.

Among the more recent discoveries in otology, there are few which for practical value surpass the interesting information we have of late obtained regarding the influence of malaria upon the ear. You all are familiar with the beneficial effect quinine occasionally has upon aural inflammations; but when you sum up the result of your experience, you will probably find that in a given case you could not predict whether quinine would, or would not, be of any good service. It is, therefore, a decided progress in aural therapy that we have learned to recognize among the large number of acute inflammations of the middle ear, one distinct kind for which the use of quinine is positively and particularly indicated, because it is the product of malarial infection.

To Dr. Weber-Liel, of Berlin, belongs the credit of having given us the first account of this malarial affection, which he called "otitis intermittens."** His experience was subsequently confirmed by Dr. Lawrence Turnbull,† and Dr. Voltolini, of Breslau.

The first typical case which I recognized as intermittent or malarial otitis, came under my care in 1880.†† And ever since I have studied with increasing interest the clinical peculiarities of this affection, and wish to-night to submit to your kind consideration the results of my experience.

The disease usually affects one ear only; but the hearing power of the other ear is generally found more or less impaired also, though it does not show any evidence of inflammation. It is ushered in by more or less pronounced chills, and often by the signs of "a cold in the head," attended by an uncomfortable sensation, noises in the ear, and soon followed by violent earache and marked deafness. Locally we find a congested drumhead and perhaps some mucous secretion in the Eustachian tube and tympanic cavity. Later the drumhead may be perforated and some mucus be discharged into the external auditory meatus.

As you see the affection presents all the symptoms of acute catarrhal inflammation of the middle ear, and probably is often taken for it too. But a careful investigation discloses features not possessed by the ordinary catarrhal otitis.

In the beginning, earache and deafness come and go at regular intervals, like the periodical attacks of intermittent fever; regularly at the same hour each day, or every second day, the pain sets in, increases gradually in intensity, lasts for a certain length of time and subsides. Sometimes the pain is preceded by a chill and its subsidence is coincident with a profuse perspiration; some of my patients, though they had not a marked chill, felt uncomfortably cold as if their room was insufficiently heated. Later on, especially when the drum-head is perforated, the deafness is permanent, and the pain does not show any free intermissions, but only marked remissions. At this period it may seem difficult to recognize the disease as malarial, because any acute inflammation of the middle ear shows remissions and exacerbations of the more prominent symptoms, particularly the pain. But the time when these remissions usually occur, seems to give us a valuable diagnostic point. With an ordinary otitis the patient usually has the worst pain at night; he cannot sleep unless he take morphine, while in the morning the earache subsides sufficiently to afford the patient a few hours rest and comfort. Now, just the reverse seems to be the rule in malarial otitis; at least in all the cases which came under my observation, the nights were characteristically comfortable or altogether painless, while by day the patient suffered agony of pain; and whenever this was the case, I found quinine quickly restored the patient to health. From these observations,* I must conclude that we may reasonably suspect malaria as the cause of an otitis which shows a decided remission toward evening or in the night, and a marked exacerbation toward the morning or during the day.

The pain is not located in the ear alone, but the whole side of the head feels sore and tender to the touch; especially over the parietal bone there is a very tender spot. Some patients pointed to the region about the mastoid foramen as a sore spot from which the pain seemed to extend upwards over the side of the head to the

*Read before the Chicago Medical Society, May 1, 1882.

** Monatschrift fuer Ohrenheilkunde, 1871.

† Transactions of the Pennsylvania State Medical Society for 1873; and Transactions of the American Medical Association for 1881.

†† See Archives of Otology, September 1880.

* I see that in this point my experience differs from Dr. Weber-Liel, who speaks of the periodical attacks or aggravations as occurring in the night time.

parietal region; and one of my patients complained of the latter region only as painful during the second week of the disease.

This extension of the pain far beyond the region of the ear, brings us to another characteristic feature of malarial otitis. It is the disproportion between the local manifestations and the subjective symptoms. As I said before, the disease presents itself in the garb of a catarrhal inflammation of the middle ear (congested drum-head, later perforation, and moderate discharge of mucous secretion). And what are the subjective symptoms of such catarrhal otitis? Acute pain referred to the depth of the ear, a sense of fullness and noises in the ear, and a variable degree of deafness; when the drum-head gets perforated, the pain and fulness are soon relieved.

Now, compare with these subjective symptoms those of the malarial otitis: violent pain in the ear and whole side of the head, fever, great nervous prostration, and complete deafness, and the perforation of the membrana tympani brings no relief from pain. This complex of symptoms would make us expect to find a severe suppurative otitis rather than the local signs of a catarrhal inflammation.

This preponderance of nervous symptoms sustains Dr. Weber-Liel's theory that the disease in question is primarily a malarial neuralgia of the third branch of the trigeminus, and the inflammation is induced by the neurosis in the vaso-motor system of the middle ear.

When the disease progresses still further it may involve the region behind the ear by swelling and tenderness, and is very likely to make the impression as if inflammation had invaded the mastoid cells. I do not mean to deny the possibility of this invasion; for in any form of otitis media the mastoid cells are more or less involved and may at every moment become the chief point of interest and attention; and Dr. Weber-Liel mentions the fact that in neglected cases of malarial otitis the perforation of the mastoid became necessary for the relief of pent-up secretion. But I wish to tell you, in the way of caution, that in all of my cases the swelling behind the ear, no matter how extensive it was, disappeared without operation, nor could I in any case regard it as evidence of serious disturbances within the mastoid cells. In the latter case, the swelling and tenderness are found directly behind the auricle over the mastoid

bone, and if they extend beyond it they will be most pronounced at the mastoid region. But the swelling and puffiness I observed in the course of malarial otitis, started in the sub-auricular fossa whence it spread around and under the mastoid process to the posterior border of the sternomastoid muscle; but the mastoid region itself remained free from swelling and tenderness and could, therefore, not have been thought of as the seat of serious complications.

The usual treatment of catarrhal otitis is wholly inadequate for malarial otitis; air baths, cold or warm applications, morphine and other drugs do not obviate the return of the violent pain. At best, such treatment shows itself inefficient to stay the progress of the disease; often it will do positive injury, in as much as the malarial ear is very intolerant of local medication, and as every energetic local treatment is followed by an aggravation of the inflammation. As soon, therefore, as you have recognized the malarial nature of an aural inflammation, and if no sooner you may be led to the diagnosis by the inefficiency or harmfulness of your usual treatment, you must abandon all local medication and rely entirely upon the good services of quinine. It has not in one single instance disappointed me. I give it preferably in powders to be taken in a spoonful of tea or in moistened wafers, because then I am sure the patient gets exactly the prescribed dose of quinine, and in a form suited for easy assimilation, two requirements the ready made pills do not always meet.

In my former paper on malarial otitis, I said that I regarded small and frequent doses (one grain every hour) as preferable to the large doses given at longer intervals. I have now to modify this statement in view of the fact that in a recent case, small doses could not control the disease, while the patient improved at once as soon as I gave him five grains of quinine three times per day.

But the further statement that quinine must be continued for some time beyond apparent recovery of the patients in order to insure a permanent cure, this advice has been fully supported and graphically illustrated by the serious relapse of a patient who discontinued the medicine as soon as he felt well. It is scarcely necessary to add that malarial otitis requires the same hygiene as any other acute inflammation of the middle ear. The patient must remain

in the house during damp and cold weather, live on a light diet and keep his bowels regular. There is no objection to having the ear covered with a warm cloth if the patient likes it. But otherwise, I do not allow the patient to meddle with his ear; I even forbid him to syringe it, preferring to clean it with absorbent cotton, if need be, because I have found that under these circumstances even the injections of warm water into the ear caused a good deal of irritation. When the drum-head was perforated, I saw the secretion speedily diminish and the perforation close up without any medicinal application. When there was no perforation, the Eustachian catheter was occasionally inserted to clear the tympanic cavity of mucus which eventually was accumulated, but this operation should not be tried until the inflammation is subsided. The hearing was restored in all cases.

To illustrate the clinical features of this disease, and to show the prompt effect of quinine, the following two cases may be related:

First: Incipient Malarial Otitis. On the 31st of March, Dr. Banga invited me to a consultation by the following note: "Mr. H—— called on me four weeks ago on account of very severe neuralgia of the right side of the head, accompanied by pain and buzzing in the right ear. I advised warm fomentations on the ear, and gave him soda salicylate, which relieved the neuralgia. Yesterday Mr. H. sent for me again; he had very severe headache of the right side, with fever, and constipation. He took soda salicylate (6.00) and to-day he has no pain, but the deafness and noises in the right ear continues."

At our interview, April 1, I could supplement the history of the case by the following information: The patient, fifty-nine years of age, had for many years been troubled by chronic nasal catarrh, with frequent exacerbations, "after catching cold." But his hearing had always been good, at least good enough for all practical purposes; two and a half years ago while in Mexico, had suffered very much from malarial fevers and had several slight attacks since his return to the city. The pain was described as beginning at the right side of the back of the head and extending upward to the parietal region, which now was the principal seat of pain. At the attack four weeks ago, as well as at the recent one, the pain was decidedly intermittent. Day be-

fore yesterday it began about noon and lasted till evening; the patient slept well and felt pretty comfortable, and was free from pain yesterday morning when Dr. B. made his visit. But at noon the pain set in just as violently as on the previous day, and lasted just as long. The patient had no chills, but his wife remembered that yesterday noon he remarked about the room being cold, when it had a very agreeable temperature.

With the first attack of pain he had a sensation of fulness in his nose, and lost the hearing of the right ear. But the hearing always returned in the evening, so that night before last he heard the ticking of his watch again, which he could not hear in the afternoon; but since, the hearing has left the ear entirely.

I found the patient in bed, looking tired and languid although he had slept very well; he had no acute pain, but a sore feeling over the right side of the head; no appetite and a thickly coated tongue. The external auditory meatus contained a large quantity of epidermis scales macerated by the instillations of warm water; after their removal the inner portion of the meatus showed vivid redness, but no swelling or ulceration. The membrana tympani was gray-red, without lustre and light spot; the mastoid region and vicinity showed nothing abnormal. Could not hear the watch when pressed on the ear.

I had no tuning-fork nor Eustachian catheter with me, but even without these means it was not difficult to determine the nature of the trouble as malarial otitis. I prescribed quinine, and prognosticated a speedy recovery.

The consultation was held at 9 o'clock A. M., and as the pain was likely to return at noon I suggested to give two doses of quinine (five grains each) before noon in order to anticipate the attack, and to take a third dose at night. On the morrow of the next day when I came to the house, I found a very pleasant change had taken place with the patient. He walked the floor of his room with a lively gait, had relished a good breakfast, his head felt free from soreness and his tongue was clear, only deafness and buzzing in the ear were the same. The attack yesterday noon did not take place, only occasionally he felt a sharp darting pain in the head which lasted but a few seconds. Quinine was continued.

April 7. Patient presented himself at the office. Still some fullness and buzzing

in the ear, but can hear the watch when laid on the ear. Drum-head still injected along the malleus, catheterization revealed mucous secretion in the Eustachian tube and tympanic cavity. Quinine reduced to three grains per dose.

April 11. Daily use of the catheter cleared the tympanum from secretions, no trace of injections on the drum-head, No buzzing, watch at an inch (as far as with the left ear). Patient felt so well that he concluded to return to Mexico that same day.

Case II. Malarial Otitis and Perforation of the Drum-head.* December 17, 1880, I was requested to visit a married lady, thirty-six years of age, who was suffering from violent earache. Several years ago she had intermittent fever, and an other attack three weeks prior to my visit. The fever was broken by quinine, which, however, was discontinued as soon as the fever ceased. One week later the patient was seized with "neuralgia" in the left side of her head, the pain extending from behind the left ear (mastoid foramen) to the left parietal region, which, during the acme of the attacks, was quite sensitive to the touch. The neuralgia appeared pretty regularly every morning, grew worse toward noon and subsided late in the afternoon. The post-auricular and sub-auricular regions became swollen, and one week ago a slight discharge from the external auditory meatus made its appearance; it brought no relief from the pain, but the attacks occurred every second day only, and were of shorter duration.

On the day I visited the patient she had a severe paroxysm during the morning. I found the auricle and external meatus in normal condition, no swelling or tenderness of the mastoid and sub-auricular regions, a small amount of mucous secretion in the meatus, and a small perforation in the anterior lower portion of the drum-head which was very red and swollen. Although the lining of the external auditory meatus was intact, the gentle injection of warm water was so painful that the patient fainted. The watch was not heard at all, and the loud tick of a clock only, when laid on the ear. The patient felt quite worn out, although she could sleep and rest well at night. Ordered quinine, Dover's powders (one grain each) every hour and to continue the warm water dressing which had been used

since the beginning of the earache, by the patient.

December 19. Patient felt very well, only slight soreness in the ear, no discharge, swelling and redness of the drum-head less, and the perforation smaller. Heard watch at one inch; felt nauseated by the opiate; ordered quinine alone, one grain four times daily.

December 21. Last night pain returned, drum-head swollen again, and a slight discharge. Dose of quinine was increased to two grains every two or three hours.

December 27. Has been free from pain since last visit; meatus dry and not hyperæsthetic; perforation closed; drum-head pale, but still opaque; watch was heard at ten inches.

CORRESPONDENCE.

INDIANA STATE MEDICAL SOCIETY.

INDIANAPOLIS, May 15, 1882.

The Indiana State Medical Society held its thirty-second annual session, May 10, 1882. The society was called to order by the President, Dr. Marshall Sexton, of Rushville, and after prayer by Rev. J. K. Pye, Dr. Chambers, of the Illinois Society, was introduced and spoke briefly, and the roll was called. Drs. Hobbs, of Knightstown, Wood of Angola, Boyd of Dublin, Matthews of Madison, and Pearce of Mount Vernon, were appointed Committee on Credentials. Dr. Hibberd said that at the last meeting a question of veracity had arisen between him and Dr. Van Vorhis, and he now desired to make a statement. He said that Dr. Van Vorhis had charged that Senator Comstock, of Wayne county, had voted against the medical bill then pending at his (Hibberd's) instigation. He then read a letter from that gentleman, in which he said that he was originally opposed to the bill and had once voted against it, but at the solicitation of Dr. Hibberd, he had not voted against it again as the matter had been represented to him in a new light. Dr. Hibberd desired this letter spread upon the record as a vindication of himself.

Dr. Van Vorhis then reiterated his charge made at the last meeting, that Dr. Hibberd was opposed to the bill, while he endeavored to create the impression that he was strongly in favor of its passage, and that he had charged that the physicians who were in the Legislature had been direct

* This case was published in the American Specialist, March 1, 1881.

in their duty. An acrimonious discussion followed, and the whole matter was finally referred to the Committee on Ethics, on motion of Dr. Adair. Drs. Dare, of Park County, Thompson of Marion, Spurice of Rush, and Ford of Wabash, were appointed Committee on Finance.

Dr. E. S. Elder, Secretary of the Association, made his annual report, which showed that one thousand one hundred and one dollars in dues had been collected, of which one hundred and sixty-three dollars were delinquent. The present membership of the society is one thousand and eighty-three, an increase of eleven since the last report. There have been two hundred and fifty-three accessions during the year, eighty-nine removals, eighty-five suspensions, fifty-four withdrawals and seven deaths. The large number of removals and withdrawals, the Secretary thought, was the result of the last year's law of the society regarding membership, outside the limits of the counties in which local societies were in operation, and he thought the increase in membership showed that the original plan of incorporation was best adapted to the results desired. The Treasurer, Dr. G. W. H. Kemper, of Muncie, submitted his annual report, which showed receipts, one thousand six hundred and fifty-one dollars and ninety-five cents; expenditures, one thousand three hundred and one dollars and fifty-four cents; balance on hand, three hundred and fifty dollars and forty-one cents. The Committee on Ethics reported on the case of Dr. Vinnedge, of Lafayette, which had been appealed from the Tippecanoe County Society, that he had been guilty only of indiscretion, and that the charges preferred by the local society had not been sustained, and recommended that they be withdrawn and that Dr. Vinnedge apologize to the society. The report was concurred in. Dr. James F. Hibberd, of Richmond, read a paper on "Bacteria," which was referred to the Committee on Publication. Dr. Kemper, of Muncie, read a paper on "Primary Cancer of the Lungs." Dr. Intzi, of Richmond, followed with a paper on "Heredity and Its Relations to the Causation of Disease." Dr. Preston, of Greencastle, read a paper on "Laceration of the Perinæum." Dr. William Lomax, of Marion, read a report of "A Case of Embryotomy, without Cutting Instruments." A Committee on Nominations was appointed, consisting of one member from each county represented. The Committee

on Ethics, to which had been referred the quarrel between Dr. Hibberd and Dr. Van Vorhis, reported that there had been no violation of the code on the part of either gentlemen, and recommended the case be laid on the table, which was agreed to. A special committee reported in favor of abolishing the office of Librarian and giving to the Secretary his duties and responsibilities, which was concurred in. On motion of Dr. Kemper, the Chairman of the Publication Committee was instructed to prepare and publish in the transactions for 1882 an alphabetical index of all papers heretofore published in the several volumes of transactions, and also an alphabetical index of names of members who have contributed papers, with their title and date. Dr. W. H. Bell, of Logansport, read a paper on "The Management of Stillborn Children After Resuscitation," which was discussed by Drs. Waterman, Beard, Porter, Moffet and Haughton. Dr. J. R. Weist, of Richmond, read a paper on "Hot Water in Surgical Practice," and Dr. J. A. Axtin's paper on "Diphtheria," was read by title.

The Society concurred in the action of the Wayne County Society, asking the American Medical Association to use its influence to induce the National Board of Health to take charge of the cultivation of vaccine virus. The Committee on Nominations reported the following officers for the next year, which was concurred in by a unanimous vote. Drs. W. H. Bell, Logansport, President; S. H. Charlton, Seymour, Vice-President; E. S. Elder, Indianapolis, Secretary; George H. Kemper, Muncie, Treasurer. Dr. Thad. M. Stevens then read the report of the Committee appointed last session to draft a bill regulating the practice of medicine, and the consideration of this report was made the special order, after the President's address. Dr. N. Field, of Jeffersonville, read an interesting paper on "Etiology of Endemic Fever" and Dr. Mary F. Thomas, of Richmond, read a report from the Committee on "Women Physicians in Insane Asylums," in favor of the appointment of such physicians. Dr. C. D. Pearson read a paper on "Eclampsia."

The President, Dr. Sexton, then delivered an address on "Boards of Health, Medical Legislation and the Rights and Duties of Physicians under the Law." Dr. Sexton said that it had been the custom of the Presidents of the society to indulge in oratory, but he proposed to discuss the practical

questions of the day. In speaking of the profession, he said: "Your work, numbers and intelligence, constitute you the conservators of the public weal. You were not wrong in securing the establishment of a State Board of Health, which promises to do very much good. Unfortunately, the choosing of the members of the board got into the domain of politics instead of science. But I want to congratulate you and Governor Porter upon the wisdom he has shown in the selection of men who are so eminently qualified for the positions they fill. As far as the work of this board is considered, the minority might be composed of laymen, for they would not impair the efficiency of the organization. A majority of the board is made up of physicians of the regular school, and to a certain extent, therefore, you will be held responsible for its success or failure. Health laws have been promulgated and enforced by the board, and have done much to prevent the spread of disease. The question has often been asked what authority had the board to make the use of bovine virus compulsory in vaccination. The authority is undoubted, but the wisdom of such a policy can well be questioned. My personal opinion is, however, that bovine virus is much more dangerous than human virus, and I trust that when the board shall have heard the experience of old practitioners, it will rescind the order. Another order of the board, to isolate every case of scarlet fever, diphtheria, etc., would be received with the very greatest satisfaction, and would do incalculable good.

In this day no physician of character would jeopardize his professional reputation by prescribing the daily and continued use of alcohol to his patients. Its use in certain cases is necessary, but generally it is dangerous in the extreme. I am sorry that the State Board of Health has not thought it advisable as yet to make some arrangements for gathering statistics regarding the effects of the common use of strong drink. A terrible exhibit could thus be made. The Legislature should look into this matter and should pass a strong temperance law, impose heavy licenses, so that saloons would be less frequent, and make drunkenness a misdemeanor, and the business less honorable and common than it is now. Not until now, when we have a Board of Health, have we been able to get an adequate idea of the terrible effects of alcohol, and our pro-

fession could do nothing nobler or more honorable than to use every means in our power to prevent the further spread of the vice. The physicians may well be spoken of as handmaids of religion and civilization. The great duty of the Board of Health will be the collection of facts regarding disease, the causation and cure, with a view of deducing hygienic rules to prevent, as far as possible, its inroads. No great reform yet was ever organized without opposition, and it cannot be expected, therefore, that the health laws should be popular on all sides, but we should not be derelict in our duty, but give to this new movement our most hearty support. You should, also, be incessant in your efforts to influence the Legislature of this State to pass a law regulating the practice of medicine, for one is badly needed."

Dr. Sexton concluded his address with an outline of the principles he should like to see incorporated in the proposed medical legislation. The address was discussed at some length by Drs. Hervey, Harding, Todd, and others. The address was referred to the Publishing Committee, with a vote of thanks.

Dr. Mumford offered a resolution unqualifiedly indorsing the State Board of Health. Dr. Harvey offered as a substitute a resolution denouncing, as a violation of the Code of Ethics, the practice of regular physicians associating, even in an official way, with irregular physicians. This provoked another discussion, which was ended by Dr. Harvey's resolution being ruled out of order, and Dr. Mumford's resolution was then laid upon the table, and similar action was taken with Dr. Harvey's resolution.

Dr. H. D. Sweringen, of Fort Wayne, reported a case of a "Lacerated Perineum," which was discussed at length. The following resolution offered by Dr. Van Vorhis, was adopted. "Resolved, That a law creating a State Board of Health having, after many years of persistent effort on the part of this society and the medical profession of the State of Indiana, been enacted, it is now, in our opinion, the duty of every member of the profession and fraternity of this society to, in every right and proper way, aid in making successful the accomplishment of the highest possibilities under it; laying aside all personal preferences and differences and uniting as one man in assisting the Board in the grand and noble purpose of preventing disease, alleviating

human suffering and saving human life." A series of resolutions from the societies of Bartholomew, Fountain, Noble and other counties was presented, asking a condemnation of the action of the New York Medical Society, in adopting a new Code of Ethics, by which the regular physicians might meet and consult with representatives of other schools who were legally qualified, such action being characterized as useless, unauthorized, imprudent and injurious. The resolutions were adopted, after which a paper on "The Relation of Nerve to Muscle," was read by Dr. Haughton. Dr. Porter read a paper on "Treatment of Fracture of the Clavicle." Dr. Elder read by title, papers on "Animal Virus," by Dr. J. W. Compton, of Evansville, and on "Ovariectomy," from the Tipton County Society, which were referred to the committee on publication.

A series of resolutions from the Noble County Society, asking the State to petition the next Legislature to make certain designated amendments to the public offense act, so as to provide more adequate punishment for procuring abortions. Dr. Frink, in moving the adoption of the resolutions, said that few persons had an idea of the infamous practices of pretended doctors who were coming into the Northern part of the State from Illinois and Michigan. Abortion was openly and freely practiced, and he knew of one man who visited a certain town in his locality semi-monthly, and who each time took the lives of at least six human beings. Something should be done at once in this matter.

Dr. Van Vorhis said he was in favor of some action in the matter, but he did not like for the society to go on the record in favor of allowing immunity from punishment to that particeps criminis who would testify against the person who would perform the operation. Dr. Blom, of Fort Wayne, said it would not do to refer this matter altogether to the Legislature, for at the present time a member of that body from Allen County was on trial for procuring an abortion. Dr. Wishard, of this city, said that his position as coroner of this county had convinced him that abortions were becoming alarmingly frequent, and they were not confined to the lower classes, but were frequently practiced among the upper classes. Regular as well as irregular physicians were guilty of it also. The resolutions were lost. Dr. Bell, of Logansport, the newly elected President of the

Society, returned thanks for the honor conferred on him. A vote of thanks was ordered for Dr. Sexton's services, and the Society then adjourned for one year. The Indiana State Medical Society was organized in the year 1849. There were twelve gentlemen present at this session who participated in the deliberations of the Society thirty years ago. Drs. P. H. Jameson, D. Funkhouser, M. Sexton, W. Tamax, R. N. Todd, John M. Kitchem, James H. Woodburn, Thomas B. Harvey, J. W. Hervey, M. H. Harding, George Sutton, and N. Field.

R.

*BELLEVUE HOSPITAL—BACILLUS OF
BROKEN LEGS—MEDICO-LEGAL
SOCIETY.*

NEW YORK, May 28, 1882.

A new nest of typhus has been discovered in this city at 337 East Forty-Seventh Street. Dr. Woodcock, of the North Eastern Dispensary, was first to discover the cases. He made the diagnosis of typhoid fever, but on examination by Dr. Chapin, of the Riverside Hospital, Blackwell's Island, the disease was found typhus. The neighborhood is a very populous one, and as the friends of the typhus patients had been visiting them freely prior to the report made by Dr. Woodcock to the Board of Health, it is very probable that more than one hundred persons have been exposed to the disease. Thus far about eighteen cases have been removed to the Riverside Hospital.

The Erie County Medical Society has been making vigorous warfare on certain graduates of the New Buchananistic diploma mill at Detroit. Quite a number of these have settled in Buffalo, and are practising. That veracious chronicler, the sixth column editor of the Times, claims that a certain Wisconsin physician has discovered the bacillus which causes broken legs. Within the past year he has examined with the microscope thirty-six cases of broken leg, and in every case has found this parasite in the accompanying trousers. In the course of the last six months he has placed garments cut after the manner of trousers and inoculated with the parasite in question upon the fore legs of eighteen cats, thirteen of whom were afterward found in a steel trap, set for the purpose in the doctor's back yard, each with a fore leg broken. He also tried a similar experiment upon seven cows belonging to his wife, six of whom were afterward run over by railway trains,

running directly through the cow pasture, and sustained compound fractures of more or less of their legs. Having thus fully established the fact that broken leg is produced by a parasite infesting the trousers, the Times man maintains with much plausibility that by inoculating human trousers with this parasite after it has been artificially bred in trousers supplied for the purpose to cattle, men will be fully protected against broken legs.

A number of dissatisfied members of the New York Neurological Society, under the leadership of a member who insists in ruling or ruining all he is connected with, endeavored to get up a neurological section of the New York Academy of Medicine recently, but that institution refused to lend itself to the purposes of an agitation of a personal character, and although not officially approached, its leading members discountenanced the procedure. The opposition had the questionable taste of selecting the evening in which the president-elect was to deliver his inaugural address for carrying out a demonstration which was intended to cast a stain on his administration; it is needless to state that their course, participated in as it was by the disappointed candidate for the presidency and first vice-presidency of the society, only reflected unfavorably on them. As Dr. Hammond characterized it, the house was packed, and it had been decided beforehand to overrule all parliamentary precedent. Dr. Seguin, his brother-in-law Dr. Amidon, his clinical assistants Drs. Kinnicut, and Birdsall the defeated candidate for the presidency, and several other members of the society entered a protest against the election. The newly elected president taking no notice of the procedure, took his seat however.

BELLEVUE HOSPITAL.

There has been of late much bickering among the Hospital Board, in consequence of which the Commissioners of Charities and Corrections determined upon a reorganization to remove all cause for jealousy, and put a stop to the consequent quarreling and bickering. Dr. Sayre said that the immediate cause of this step was the difficulty which arose over filling the vacancy in the Medical Board recently created by the death of Dr. Erskine Mason, and that the chief responsibility for the trouble rested on Dr. Alfred L. Loomis. The board as at present constituted, consists of

twenty-four members, six representatives of each of the three colleges named above and six representatives of the profession at large. The latter are not officially connected with any college. The members of the board are divided into two classes, physicians and surgeons. The new board will consist of twenty-eight members, made up of seven representatives of each of the three colleges, and of the profession at large. A new class of gynæcologists has been created. Monday next, the board is to be divided into twelve visiting surgeons, twelve visiting physicians, and four gynæcologists and pædiatrists. Each of the medical colleges named is invited to nominate as its representatives on the board, to be approved by the Commissioners of Charities and Correction, three physicians, three surgeons, and one gynæcologist. Whenever a vacancy occurs in the representation of any college it is to be filled by a candidate nominated by the college and appointed by the Commissioners.

The Chicago physicians seem to have little appreciation of the great genius who is dwelling among them. It is the old story of the prophet being without honor in his own country, as witness the following from a Chicago paper which has accidentally come into my possession. At your Eclectic Medical Society, Dr. Moe, then detailed a case which had come under his own observation. It was, according to the doctor, a most remarkable case; one which seven other doctors had failed to treat successfully, and which had emerged from the most excruciating pain and the greatest combination of bodily ills under his treatment. The doctor's style of writing was fully as excruciating as the pain of his subject. Among other things the doctor said: "Her friends rush to her aid and summons the noblest characters of the profession with all speed to her relief, she still moans for days for weeks for months and years in reeking pain, her continued screams reaches the ears of the neighbors who are aroused and summoning grater number to her assistance until the surrounding country with seven regular physicians were running to her relief, and still she pleads for mercy. Professors from other States try their skill and yet her bitter grief is unceasing being starved for months and incarcerated with scars from the clavicle to the diaphragm, all in one solid mass of corruption and pain, wailing and moaning without ceasing night and day here she lays in spasms for hours

then for hours in torturing agony, weeping sobing and taring in pain and begging for ease." This was only a little of what ailed the woman. It took fifty pages of manuscript of a character similar to the above to explain it all. Finally, the doctor reached the influence exerted by Eclectism, and in connection therewith perpetrated the following: "But in comes theory snorting like a fierce wild tiger snarling and biting her sharpened teeth, direct from the wilde forest of her science with her head erect and her high bushy tail that sweeps the clouds of ignorance. With lofty prancing she glides over the planes in her well-beaten track, with gratitude she dashes upon the new made graves in joy of her heart. In this haughty greatness she is suddenly startled at the glimps of those little bright eyes of that ragged infant who soothed the shrieking pains who caught the tartar and gave ear to those feble uplifted hands and brought gladness with rejoicing welcom to her parents and friends." The woman far outdid Dr. Tanner in fasting. One of her fasts lasted for one hundred and twelve days, and another for one hundred and eleven days. Upon the conclusion of the essay, Dr. Moe received the thanks of the society, and one member said that his only regret was that the doctor was not at the bedside of President Garfield when he died.

MEDICO-LEGAL SOCIETY.

Arrangements are now being perfected by the Medico-Legal Society for obtaining the body of Charles J. Guiteau after his execution, for the purpose of a post-mortem examination. After this examination, the remains are to be returned to his friends for burial. In case these arrangements are completed, the post-mortem will probably be made by Drs. Hammond and Spitzka. These gentlemen, in the interest of medical science, desire to make accurate measurements of the peculiar skull, weight of the brain, and also a microscopic examination of th at organ, its peculiar formation and seemingly abnormal development. J.

OOPHORECTOMY.

BIRMINGHAM, ENGLAND, May 1, 1882.

Editor of the Chicago Medical Review,

SIR:—My attention has just been called to a paragraph in the Chicago Medical Review, in which you contrast the frequency with which Dr. Battey and I perform this

operation. The explanation is simple, and given in Dr. Battey's own words to me is to the effect that if he could get the same results as I do in such operations, he would do them as often. What the explanation of this difference is I do not pretend to say, but my mortality stands at little more than three per cent. Yours truly,

LAWSON TAIT.

THE sympathy of the profession under these circumstances must necessarily be with Dr. Battey.

EDITOR.

BERLIN UNIVERSITY—BERLIN HOSPITALS—LARYNGOTOMY—PRO- THESIS OF THE LARYNX.

PRAGUE, May 1, 1882.

Editor of the Chicago Medical Review:

My trip from Northern Germany to Austria has been a rather rapid one; nevertheless I have stopped in several places of professional interest, and have seen enough, perhaps, to warrant a description of some points.

I was charmed with the advantages offered in Berlin. Whatever may be said of the enormous war indemnity extorted by Bismarck from subdued France, there can be no question but what it has been most judiciously and advantageously expended, in considerable part, for the benefit of science and art. This is no place wherein to dwell upon the latter; but if your readers could all see Virchow and Helmholtz and Du Bois-Reymond, as I did, in the palatial institutions which the government has erected for them, I am sure there would be no difference of opinion between us. Picture two immense structures of most imposing appearance and tasteful ornamentation, separated by an attractive garden, the aggregate of the two buildings nearly or fully equaling the Palmer House in dimensions and interior capacity, and you have an idea of the size of the "Physical Institute," presided over by Helmholtz, and the "Physiological Institute," whose guiding genius is Du Bois-Reymond. Then complete the picture by supplying them with every instrument and piece of apparatus of which a fertile scientific imagination can conceive, or which practical investigation can ask for. Capacious lecture-rooms, good working libraries, steam or gas engines for running dynamo-electric machines: in fact, everything wanted supplied ad libitum.

Virchow's "Pathological Institute" is an older building, situated within the grounds of the Charité; nevertheless he is supplied with everything he wants, like the others; and as I passed through room after room of his collection of pathological specimens, nearly filling two stories of the building, the greater number of the same being the work of his own hands, my admiration for his genius and wonder at his diligence and capacity for work were, if possible, increased.

Another large public building was that erected by the government for Langenbeck's clinic, and not yet completed, with already two hundred beds. This, so far as I have seen or can hear, is the finest structure for the purpose in the world. The amphitheatre in the centre is a perfect model of what such a place should be, and is supplied with every possible convenience. Moreover, the whole building is artistic in every feature. The amphitheatre seats one hundred and fifty students. The operating tables both here and elsewhere are about the same as those used at the Reese Hospital in Chicago. From a fixture on one side, carbolized water is supplied in unlimited quantities from one, on the other salicylated water. A hydraulic apparatus compresses air for the spray, so that steam is not needed. In the wards, among a great number of cases, I saw one of excision of the superior maxilla for osteoma, in which the union by first intention had been so complete that the patient, a young woman, was just about returning home on the eighth day, as needing no further care. A case of carcinoma of the uterus had undergone total extirpation, per vaginam, six weeks before my seeing her. She had recovered from the operation without untoward consequences of any kind, but was now showing unmistakable signs of recurrence in the peritoneum.

In fractures of the patella Malgaigne's hooks are used, only instead of being clamped into the bone they are inserted into two hard-rubber plates, one above the bone, the other below. These plates are adapted to the parts, and bound with sufficient firmness to accomplish the desired result without pain.

Here also Schweiger and Lucae hold their eye and ear clinics. Langenbeck, old as he is in years, sets his pupils a most praiseworthy example in diligence and early rising. During the term he lectures on operative surgery at 7 A. M.

Many a time since seeing these men I have asked myself, "In what enthusiastic esteem must a great government hold them, to erect such magnificent institutions for them?" I could easily be reconciled to a monarchy at home if it would provide in this way for the accession and dissemination of knowledge.

Hirschberg's eye clinic and Weber-Liel's ear clinic I also visited. The former has a very large amount of material, and he speaks very slowly and plainly, while his methods and expositions are so admirable that I can most cordially recommend his course.

Chloroform is used in Berlin to the exclusion of ether. I saw a case upon which one of the Stadt physicians was operating, fractures of both thighs and laceration of one foot. The chloroform was given carefully, and by the time the dressing was finished, fully an hour, the man was almost lifeless. And from the negative sort of a way in which they went to work to revive him, I should judge that chloroform accidents were very rare. No attempt was made to elevate the extremities above the head, as Nelaton, and Prof. Holmes, of Chicago have shown is so necessary. After some two hours' work the man was considered out of immediate danger.

In Leipzig I found the professors' lecture-rooms lighted by the Siemen's lamps; Ludwig's, Braune's and Hoffmann's especially. Prof. Ludwig showed me a dog whose stomach had been partially resected by Czerny, in Heidelberg, seven years ago; this being the first animal upon which the operation had been successful. Their method of preserving bodies is very simple. They simply inject with carbolic acid and lay them away in a large cellar. Here they keep for one or two months, which is as long as it is desired to keep them. In the anatomical museum the series of actions of frozen bodies, which Braune made for his "Atlas," is in as excellent condition to-day as when he made them.

Without wearying your readers longer with such a fragmentary letter, I will simply say that here in Prague I have had the pleasure of a rather extended interview with a patient whose larynx and epiglottis Prof. Gussenbauer removed over a year ago. Six weeks after the operation he began to wear part of the artificial larynx, and after accustoming himself to this he gradually learned how to introduce and use the

reed which takes the place of the vocal cords. This apparatus was made for him by Rothe, who has also done some work for the Reese Hospital. The patient is a riding teacher, is reputed the best rider in Prague, is busy from morning to night, talking all day, and suffers not the slightest inconvenience or pain. His voice is, of course, very monotonous, but his enunciation is excellent, his speech perfectly intelligible, and he eats and drinks with perfect facility. Three intra-laryngeal operations had been previously made before Gussenbauer attempted his feat. This case is said to be the best living example of what the art of the surgeon and the mechanic can accomplish for such a terrible disease as cancer of the larynx.

ROSWELL PARK.

AMERICAN MEDICAL ASSOCIATION.

ST. PAUL, MINNESOTA, May 12, 1882.

Editor of the Chicago Medical Review,

DEAR DOCTOR:—In anticipating the meeting of the American Medical Association in this city June 6, 7, 8 and 9 prox., the Committee of Arrangements have secured the following rates from the various railroads centering at this point: The Chicago, Milwaukee and St. Paul R. R. offers a rate of \$12.50 for a Round-Trip Ticket from Chicago to St. Paul and return, to delegates and ladies accompanying them upon presentation of credentials at general or depot offices in Chicago; also, return tickets to all points this side of Chicago for one-fifth fare, on certificate from the Chairman of the Committee of Arrangements. The Chicago, St. Paul and Minneapolis and Omaha offer the same rates from Chicago and points between Chicago and St. Paul; also, from Sioux City and all points North. From Omaha and all points South, two cents a mile for round-trip tickets. The Minneapolis and St. Louis R. R. offer the same rates (\$12.50) from Chicago to St. Paul and return, via the Chicago, Rock Island and Pacific R. R., and a rate of \$18.00 from St. Louis to St. Paul and return, via St. Louis, Chicago, Burlington and Quincy R. R. (via Albert Lea.) Also one-fifth fare returning to all intermediate points. All tickets on above roads good till July 10th. The St. Paul, Minneapolis and Manitoba R. R. will give passes to every delegate and to ladies accompanying them, over all divisions of its road, for the entire month of June. Their road runs

through the celebrated Red River Valley, and the great wheat farms to Winnipeg. It connects Minneapolis and Lake Minnetonka (the largest watering place in the State, with four large hotels,) with St. Paul. The Northern Pacific R. R. will return all delegates for one-fifth fare, and offers free transportation for the month of June to delegates and ladies accompanying them, to the Yellowstone Valley and return.

The St. Paul and Duluth R. R. offers free passes to delegates and ladies accompanying them, over their line to Duluth on the north shore of Lake Superior and return. The two lines of river packets, viz.: The St. Paul and St. Louis Packet Co., and the Diamond Jo line offer one-half transportation rates from all points to or from St. Paul. (They charge full rates for berths and meals.) The Lake Superior Transit Co. offer the following rates: Buffalo to St. Paul, one way, \$27.10, round trip, \$47.20; Erie to St. Paul, one way, \$25.40, round trip, \$45.60; Cleveland to St. Paul, one way, \$23.75, round trip, \$39.20; Detroit to St. Paul, one way, \$21.20, round trip, \$35.20.

Meals and state rooms on steamers are included in the above rates. The above company have also offered a complimentary excursion down the lake and return, from Duluth, one day immediately after the meeting.

The hotels of St. Paul are the "Merchants," (\$3 to \$3.50); "Metropolitan," (\$3 to \$3.50); "Windsor," (\$2.50); "Clarendon," (\$2.50); "Sherman," (\$2.50); "International," (\$2.00); "St. James," (\$2.00); and "Commercial," (\$2.00). The three first are provided with elevators. The Opera House in which the general session will be held, seats a thousand persons. Minneapolis, a city of six thousand, lies nine miles from St. Paul on the line of the St. Paul, Minneapolis and Manitoba road, and has fine hotel accommodations. Half-hourly trains connect the two cities. Trains run almost hourly to and from Lake Minnetonka.

Very respectfully,
ALEX. J. STONE,

RIESEBERG'S IODINE CAUSTIC.—This preparation has been found of value (Cincinnati Lancet and Clinic) in the treatment of lupus. It contains: Iodine, one ounce; Glycerine, two ounces; and is applied every second day with a camel's hair brush, but as the preparation is very powerful its action should be carefully watched.

REVIEWS.

LECTURES ON DISEASES OF CHILDREN, A Handbook for Physicians and Students. By Dr. Edward Henoch, Director of the Clinic and Polyclinic for Diseases of Children in the Royal Charité, and Professor in the University of Berlin. Wood's Library of Standard Medical Authors. New York: William Wood & Co., 1882; W. T. Keener, Chicago.

This is the volume of Wood's Library for March. It cannot be said that it is likely to be of much value. The book reads as if written by an amateur rather than a specialist. The author appears to have confounded fibrinous bronchitis and croupous pneumonia. He is inclined to be rather undecided as to whether catarrhal phthisis is not, or is ever the result of broncho-pneumonia. He is apparently unacquainted with cholera infantum as it occurs in the United States. He takes what seems in many respects the best standpoint respecting diphtheria, that is, that it and membranous croup are distinct. The therapeutics of the author are largely expectant. His views read rather strangely at present as coming from Germany, and belong rather to the past decade when therapeutic nihilism was so prevalent. It cannot be said that the present volume is a valuable addition to the library. A comparison between it and any of the other works on pædiatry would be an insult to the latter. The book is like the rest of the library, well issued.

A STUDY OF THE TUMORS OF THE BLADDER. By Alex. W. Stein, M. D., New York. W. Wood, 1882. W. T. Keener, Chicago.

It is gratifying to see an interesting subject treated in as scientific a manner as has been done in the present volume, which is a rather exceptional contribution to American literature; not so much because there is not abundant material for it, as because of a lack of knowledge of previous literature among aspiring authors. In writing this monograph the author has filled a long-existing gap in the literature of diseases of the bladder, as this subject has never been treated monographically before. To a very careful and complete review of the literature from the earliest times, the author adds cases of his own, which are of interest not only for their rarity, but also on account of the minuteness of description and the keen

observation shown in such description. The subject is interesting from a practical standpoint, chiefly because modern surgery enables us to attempt, and justifies us in attempting to operate on a number of tumors of the bladder in time to save life, and the profession owes the author a debt of gratitude for pointing out facts which, up to the appearance of the present volume were more or less ignored. At the close of the volume the author comes to the following conclusions: First: In a few remarkable cases in the case of women recovery seems to have resulted from a spontaneous expulsion of growths from the bladder. But in general it may be said that tumors of the bladder, if not interfered with, are inevitably fatal; and although they may exist for several years without causing much distress, a fatal termination almost invariably ensues in a few months or weeks from the outbreak of active symptoms. Second: Death results most frequently from the effects of mechanical obstruction to the outflow of urine. Hence the indication would be to remove the growth while the general condition of the patient is yet favorable for an operation; before the subject has yet become exhausted from loss of blood, or the kidneys and bladder have become so much diseased as to make recovery impossible, even in the event of the successful extirpation of the growth. Third: In women, because of the accessibility of the bladder to direct exploration, there is no excuse for temporizing, and the surgeon should lose no time in acquiring an exact knowledge as to the existence, nature, etc., of the tumor, and, if practicable, attempt as early as possible. Fourth: The results thus far attained by surgical interference in the cases of women could scarcely be more satisfactory, and, excepting one instance, in which the bladder was accidentally perforated, it does not appear that the fatal termination was precipitated in any of the cases. Fifth: In the male the propriety of operative interference must necessarily always be a more serious question, because of the occasional uncertainty of diagnosis, and because of the gravity of the undertaking necessary for the removal of the growth. Nevertheless the results thus far attained by operation are most encouraging, and in every way justify a repetition of the same. Sixth: From a number of autopsies made, we learn that the successful operations might have been multiplied; first, in those cases

in which no operation was attempted, although the growths could have been easily removed, and with apparently every prospect of success; and again in those in which the operation was too long deferred, and which, it is reasonable to assume, would have terminated successfully had the same been undertaken at an earlier period.

Seventh: Given a positive diagnosis of tumor of the bladder, the absence of severe secondary symptoms should be no excuse for deferring the operation. On the contrary, the earlier the growth is removed the better the prospects of complete recovery. With a healthy bladder and kidney, cystotomy is not so serious an operation as to warrant delay. Eighth: Evidence so strongly pointing to the existence of a tumor, or with spasm of the bladder and much suffering, will often justify an operation; for if a tumor is found, its extirpation will afford the only chance for life; and if no growth exists, or the bladder is occupied by an irremovable cancer, the cystotomy may at least afford temporary relief from suffering. The book is very well issued, and will be read with interest by every surgeon.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from April 29, 1882, to May 12, 1882.

King, Wm. S., Colonel and Surgeon. The extension of his leave of absence on account of sickness, granted him in S. O. 251, Nov. 7, 1881, from A. G. O., still further extended six months on account of sickness. S. O. 104, A. G. O., May 5, 1882.

Jaquett, G. P., Major and Surgeon. Granted leave of absence for six months on Surgeon's Certificate of disability. G. O. 97, A. G. O., April 27, 1882.

Cleary, P. J. A., Captain and Assistant Surgeon. The leave of absence on Surgeon's Certificate of disability, granted him in S. O. 224, Oct. 4, 1881, from A. G. O., is extended six months on account of sickness. S. O. 107, A. G. O., May 9, 1882.

Cowdrey, S. G., Captain and Assistant Surgeon. Now awaiting orders to report to Commanding General, Dept. of the East, and for assignment to duty at Fort Monroe, Va. S. O. 102, A. G. O., May 4, 1882.

Hoff, J. V. R., Captain and Asst. Surgeon. To be relieved from duty in Dept. of the East and report in person to Commanding General, Dept. of California for assignment to duty. S. O. 103, c. s. A. G. O.

Carter, E. C., First Lieutenant and Asst. Surgeon. To be relieved from duty in Dept. of California, and report in person to Commanding General, Dept. of Arizona, for assignment to duty. S. O. 103, c. s. A. G. O.

Raymond, H. I., First Lieutenant and Asst. Surgeon. To be relieved from duty in Dept. of California, and report in person to Commanding General Dept. of Arizona, for assignment to duty. S. O. 103, c. s., A. G. O.

Williams, John W., Major and Surgeon. Granted leave of absence for six months. S. O. 101, A. G. O., May 2, 1882.

Gardiner, J. de B. W., Captain and Asst. Surgeon. Telegraphic instructions of this date, assigning him to duty at Fort Huachuca, A. T., confirmed. S. O. 57, Dept. of Arizona, April 19, 1882.

Gardner, Edwin B., Captain and Asst. Surgeon. Having reported at these Headquarters, is assigned to temporary duty at Vancouver Barracks, Washn. T. S. O. 50, Dept. of the Columbia, April 14, 1882.

Corbusier, Wm. H., Captain and Asst. Surgeon. Assigned to duty as Post Surgeon at Fort Mackinac, Mich. S. O. 67, Dept. of the East, April 15, 1882.

Shufeldt, R. W., Captain and Asst. Surgeon. Granted leave of absence for three months from May 1, 1882. Relieved from duty in the office of the Surgeon General, to take effect May 1, 1882, and upon expiration of his leave to report by letter to the Surgeon General. S. O. 92, A. G. O., April 21, 1882.

Robinson, S. O., Captain and Asst. Surgeon. Having reported at these Headquarters, is assigned to duty at Fort Spokane, Washn. T. S. O. 50, c. s., Dept. of the Columbia.

Davis, Wm. B., Captain and Asst. Surgeon. So much of par. 12, S. O. 78, April 5, 1882, from A. G. O., as directs him to report for duty to the Commanding General, Dept. of the Platte, is amended as to direct him to report in person for duty to the Commanding General, Dept. of Dakota. S. O. 87, A. G. O., April 15, 1882.

BOOKS AND PAMPHLETS.

S. G. Armstrong, M. D., Boscobel, Wis. Constitution and By-Laws South Western Wisconsin Medical Association.

E. Borck, M. D., St. Louis, Mo. Observations on Surgery in Children. Reprinted from the St. Louis Medical and Surgical Journal, June 1882.

H. B. Baker, M. D., Lansing, Mich. The Work of Health Officers and Local Boards of Health in Michigan. Reprinted from the Annual Report State Board of Health, 1881.

H. B. Baker, M. D., Lansing, Mich. Prevention and Restriction of Small Pox. Reprinted from the Annual Report State Board of Health, 1881.

C. W. Chancellor, M. D., Frederick, Md. Fourth Biennial Report State Board of Health of Maryland, January, 1882.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.

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THE MEDICAL AUTHOR.—Although Solomon wished that his enemy had written a book, doubtless that he might have the opportunity for ample revenge by a review, yet it is a great epoch in a medical man's life when he has published a book. The varieties of medical authors are numerous. There is that grand genius the compiler of prescriptions, who by the grace of the publisher and the possession of a pair of scissors becomes the author of a book in which dubious Latinity is supplemented by still more dubious English, in which prescriptions by the chiefs of the profession are found, strangely distorted, mingled with the equally prominent lucubrations of some callow hospital interne. The author who has written or clipped such a work induces the publisher to believe that he is a genius and possessed of the necessary cash, and proceeds to prepare what he calls the "therapeutics" of some specialty; of the first principles of which he is entirely ignorant. The "therapeutics" having succeeded, the "author" writes an extended text book, using almost exclusively the scissors. To such extent has this been done, that there have been "authors" confounded by supposititious quotations from their own "work" made unexpectedly during a discussion. Sometimes the would be author hires a German to translate German works into unintelligible English, cor-

rects this slightly and turns the book loose on the medical public. Occasionally, the translator is not paid, whereupon a lawsuit results, and the public are informed how medical books are translated. Or, an old forgotten medical work is seized upon, the new "author" puts his name on the title page, secures a new publisher, and becomes great. To publish a book may require three things, ability, cash, or social influence with publishers; the first is not essential, but the two latter are. There are undoubtedly books of value published on their merits, but these are rare. Medical publishers cannot be expected to disregard pecuniary interests, but they should also pay some attention to reputation, as when this is tainted even the much enduring medical profession may cease to submit. The literary men of the early part of the nineteenth century thought it a redeeming feature of Napoleon that he shot a book publisher, and medical men of the present time might almost be justified in thinking the same.

PHILADELPHIA HOSPITALS. — According to a local paper, a man who had been carried to a Philadelphia hospital while suffering from the effects of a severe contusion, was asked if he had been treated kindly while there. "Considering all things," he answered, "I have no right to complain.

They amputated both my feet, removed my clavicle, cut off my right arm, trephined me, took out a piece of my inferior maxillary, sawed my left os innominatum in two, and were about to exsect five or six ribs, when a fire broke out in the establishment, and the police got away with the rest of my body in safety."

WRITER'S CRAMP.—Dr. Wolf (*Le Progrès Medical*, No. 3, 1882,) has had great success in the treatment of this disease. His system is a combination of gymnastics and massage. He makes the patients execute movements in all directions with the affected hand for a half an hour to an hour and a half at a time, three or four times a day; and, in addition, the muscles involved are stretched more or less forcibly three or four hundred times daily. He uses massage and friction, and attaches considerable importance to percussion of the affected muscles. The part most essential is the extension of the muscles affected.

INTRA-CRANIAL CIRCULATION.—Dr. Franck (*Le Progrès Médical*, April 1, 1882,) has recently performed certain experiments which seem to destroy the commonly accepted theory of Richet respecting the role played by the cephalo-rachidian fluid in cerebral anæmia, due to cardiac stoppage. It is admitted that the cephalo-rachidian fluid changes from the cerebral to the spinal cavity at each pulsation; it is in the cranial cavity during the cardiac diastole, and in the spinal during the systole. Franck placed an elastic ligature around the upper part of the spinal cord, and the heart being stopped, there was found to exist after trephining the skull, tumefaction and venous congestion and considerable blood pressure in lieu of brain retraction. Arterial anæmia is therefore accompanied by venous congestion, which compensates for diminution of the arteriole calibre. The experiments of Franck are not perfectly pure, but his results are corroborated by certain alienists who have long arrived at similar conclusions from autopsies on melancholiacs.

CALCIUM SULPHIDE IN SUPPURATION.—Dr. A. H. Smith (*New York Medical Journal*, June, 1882,) after careful analysis of several cases, claims that he is warranted in concluding that in many cases of suppuration an appreciable and often marked benefit is derived from the use of calcium sulphide. At the same time the action of the drug is not perfectly uniform, and in apparently favorable cases it may fail entirely. The drug is somewhat prone to irritate the stomach, which affords an indication for small doses frequently repeated. One-tenth of a grain every two hours will generally, in acute cases, secure the full therapeutic effect of the drug, but large doses may sometimes be required, and some patients bear well a grain three or four times a day. Even in small doses the drug may occasionally produce headache, and the patient be more or less annoyed by eructations of hydrogen sulphide.

SILVER NITRATE IN DYSENTERY.—Dr. Stephen Mackenzie (*American Medical Weekly*, June 3, 1882,) comes to the following conclusions respecting dysentery: Dysentery, whether constitutional or local in origin, has its local expression in ulceration of the mucous membrane of the colon. This ulceration is most efficiently treated, as ulceration elsewhere, by local applications. The local applications most useful are enemata of nitrate of silver, so large as to come into contact with the whole of the affected mucous membrane.

VESICAL CALCIFICATION.—Dr. Formad (*Philadelphia Medical Times*, May 20, 1882) presented at the Philadelphia Pathological Society a calcified bladder, which had been taken from a man who died of phthisis. No bladder symptoms had at any time been noticed, yet it seems almost impossible that an organ having an apparently complete calcareous degeneration of its lining membrane could have performed its function so well as not to have had any attention called to its insufficiency.

ACUTE FEBRILE PEMPHIGUS.—Dr. Gibier (*Annales de Dermatologie et de Syphilographie*, February, 1882,) calls attention to a dermatosis which in his opinion is an infectious disease, dependent upon bacterial development in the body. The bacteria were found in the fluid of the bulla as well as in the urine. In the case described by Dr. Gibier, the patient, a seventeen year old young man was attacked by a malignant form of the disease which rapidly assumed typhoid type, and at the end of two weeks the patient died of asthenia.

ABORTING SYPHILIS.—Some time ago Gantier found that if an intra-venous inoculation of rabietic virus was made upon sheep, this prevented a second hypodermic vaccination from having effect. Hubert (*Lyon Médicale*, April 2, 1882,) claims that something of this kind occurs where a mother secures immunity from syphilis by carrying a syphilitic child, the virus infecting the mother through the blood. He believes that if intra-venous inoculation were done with the secretion and blood of the initial chancre, that systemic infection might be aborted.

CARDIAC AND RENAL DISEASE.—Dr. Saundly (*Lancet*) is inclined to believe that cardiac lesions may exist for years giving no other than a murmur evidence of their existence, but in these cases the supervention of nephritis is the point of departure for the most marked cardiac symptoms. He is, therefore, of the opinion that there is much error in the commonly accepted view that cardiac affections occurring in nephritic persons necessarily bear a direct casual relation to the renal disease.

QUININE ARSENITE IN MENORRHAGIA.—Dr. A. C. Love, Donaldsonville, Louisiana (*Medical Brief*, June, 1882), cites several cases of menorrhagia occurring in females, anæmic from malaria, which recovered under the use of the third of a grain of arsenite of quinine, taken three times a day after meals for ten days.

WOORARA IN TETANUS.—Dr. B. A. Watson, Jersey City (*Virginia Medical Monthly*, April, 1882), suggests that in case of rabies or traumatic tetanus, the commencing dose should only be about one-sixteenth of a grain, but that this dose should be doubled every half hour until its full physiological effects are secured or the patient is completely relieved. This rule, he believes, will often result in recovery.

RÖTHELN.—Dr. Block (*Hospitals Tidende* February 8, 1882,) attaches great diagnostic importance to the swelling and tenderness of the lymphatic glands, especially of the post cervical glands. This may occur during the prodromal stage, and will then, Block is inclined to think, furnish a valuable means of differential diagnosis between rubeola and rötheln.

TRIMETHYLAMIA IN GASEOUS VAGINAL CYSTS.—Most investigators claimed that gaseous vaginal cysts contain nothing but atmospheric air. Zweifel (*Archiv für Gynäkologie*, XVIII 3,) claims to have discovered and demonstrated by chemical analysis that they contain trimethylamia. The cysts have hitherto been found to have their seat in the interstitial connective tissue.

WOUNDS OF THE HEART.—Dr. J. W. Stone, Cottonwood Falls, Kansas (*Kansas Medical Index*, May, 1882), reports a case of a man who was shot through the walls of the left auricle, the ball remaining in the cavity of the right auricle till the man's death, seventy-two hours after the injury.

NEW HONOR FOR THE PHYSICIAN.—A sapient member of a Southern State legislature, has introduced a bill providing that in case of death from disease or injury, the name of the physician, who had attended the deceased during the last illness, shall be placed upon the tombstone.

THERE were two hundred and sixty-seven medical works published in Japanese in Japan during 1881.

TUBERCULOUS ULCER OF THE TONGUE.—This affection (*Medical Bulletin*, June, 1882,) is of rare occurrence, and mostly in connection with pulmonary tuberculosis. The patient seen was of middle age, whose history differed from that generally laid down, since a careful examination of the lungs failed to reveal any infiltration of the apices. The middle of the tongue is the seat of a granulating ulcer, edges undermined, extending from the base to the apex. Such tuberculous ulcers originating in the tongue primarily may often be confounded with carcinomatous, or more often with luetic ulcers. The differential diagnosis may be established in the following manner: Carcinoma conveys a sensation of cartilaginous hardness, while lues reacts decidedly with potassium iodide treatment.

RHEUMATISM AND SYPHILIS.—Dr. C. B. Lockwood (*British Medical Journal*, May 27, 1882,) has noticed that the prior existence of rheumatism exerts a marked influence on the initial lesion of syphilis, causing it to take on a phagadænic and necrotic character. He believes that this explains the occurrence of many cases of malignant chancre which are from time to time reported by syphilographers. He is inclined to think that in these cases mercury does harm, and that potassium iodide is of very great benefit. His cases certainly appear to indicate that the relationship between the rheumatism and the malignant chancre, is more than coincidental, but require further confirmation.

TUBERCULOSIS OF THE EYELID.—Dr. Gérn-Rose (*Bulletin Gènèrale de Thèrapeutique*, February 28, 1882,) has recently reported a case of tubercle of the eyelid. The patient had had hæmoptysis, and had been treated for phthisis, of which other than certain laryngeal troubles he presented no symptoms. After an interval, the patient again came under observation. On laryngoscopic examination, the vocal cords were found to be tumefied, but not ulcer-

ated. There was loss of resonance at the left apex, and an arthritic trouble of the left elbow joint existed. The right eye became later red and inflamed, with profuse lachrymation, and was found to be the seat of tubercular ulcerative conjunctivitis.

ANTHELMINTICS.—Dr. Guérmonprez (*Bulletin Gènèrale de Thèrapeutique*, February 15, 1882,) after a rather extended study of the vermicides, comes to the following conclusions: First: *Chenopodium* is the best vermicide. *Santonine* acts, not by killing the worm, but by increasing its movements and thus leads to expulsion. Second: Purgatives are of considerable service as direct anthelmintics, or as adjuvants. Third: Hygiene, change of mode of life or residence, will, not unfrequently, alone often result in recovery.

RENAL EPITHELIUM.—Dr. Millard (*New York Medical Journal*, June, 1882,) comes to the following conclusions respecting renal epithelium: First: The rods discovered by Heidenhain in some varieties of the tubuli uriniferi are part and parcel of a reticulum present within every epithelium. Second; The reticulum including its elongated rod-like formation is the living matter proper. Third: The relation of the rods to the rest of the reticulum of the epithelial body varies greatly, the variation being probably due to the different degrees or stages of secretion. Fourth: The reticulum, including the rod-like formations in the inflammatory process, both in catarrhal and croupous nephritis, gives rise to a new formation of living matter which results in the production of medullary or pus corpuscles. Fifth: The structureless membrane is lined by flat endothelia lying between it and epithelia basis of the urinary tubules. Sixth: In nephritis the endothelia become considerably enlarged and in catarrhal, as well as in croupous nephritis, they line the urinary tubules after the epithelia have almost entirely perished in the formation of the cast.

IMITATION GLYCERINE. — Dr. Lajoux (Union Médicale et Scientifique du Nord Est, March, 1882,) calls attention to a fraudulent substitute for glycerine which has made its appearance in the French market. The ordinary physical characters of the liquid closely resembled glycerine. It had the bitter taste of epsom salts, and contained glucose. The liquid was found on quantitative analysis to be simply a saturated solution of magnesia sulphate, with sufficient glucose to somewhat disguise the otherwise bitter taste.

A DIFFERENCE OF OPINION.—According to the Smithsonian Contributions, the English Journal of Mental Science and the Dublin Journal of the Medical Sciences and Professor Meynert of Vienna, Dr. Spitzka is the foremost American authority on cerebral anatomy. According to Messrs. Corkhill, and Davidge, and Drs. J. P. Gray A. E. Macdonald and McLane Hamilton, having lectured on comparative anatomy in a veterinary medical college, he must of a necessity be a "horse doctor." Whether European and American scientists or medical and legal politicians are the best judges of this question, is easily determined.

RAPIDITY OF AMYLOID DEGENERATION.—Dr. Edward Bull (Nordiskt Medicinskt Arkiv Band XII, No. 5), cites a case of amyloid kidney, in which circumstances enabled him to determine the time from the moment of causation to the first trace of albuminuria, which did not exceed thirty hours. A cachectic man, twenty-one years of age, was attacked by a severe phlegmon in the right lumbar region. An incision at noon, November 12, revealed a considerable abscess, which was treated by the anti-septic method. A long time previous to and also with negative results on the day of the incision, the urine had been examined for traces of albumen. In the evening of November 12, albumen was discovered for the first time. After a continuous increase of albuminuria, collapse and death occurred

November 30. On the autopsy the left kidney was found to be amyloid; the right kidney was implicated in the surrounding phlegmon, and was atrophied, sclerotic, but not amyloid; the liver and spleen were not amyloid. As the accession of air to a suppurative centre is considered by Dr. Bull to be necessary to induce waxy change, a degeneration of the left kidney could not, in his opinion, have existed prior to the incision, which he believes to be still better corroborated by the previous absence of albumen from the urine as well as by the insignificant extension of the amyloid degeneration. In his experience the kidneys are in general the first organs attacked by amyloid degeneration, or at least, affected at a very early period. That the entrance of air to a suppurative centre is necessary to produce waxy change is opposed to the opinions of most pathologists. While the case is of interest, it does not demonstrate what has been claimed for it by Dr. Bull

iodoform in gastric ulcer.—Dr. M. J. Redmond (British Medical Journal, May 6, 1882,) having observed the rapidity with which external ulcers heal under the influence of iodoform, gave a marked case of gastric ulcer three grains of iodoform three times daily, in pill form. The hæmatemesis which had been persistent up to the use of the iodoform diminished, vomiting ceased, pain and tenderness decreased, and within a month the patient had fully recovered. The patient was a young unmarried woman, so it is possible that there might be an hysterical element in the case.

LIQUID OZONE.—It is claimed by Messieurs Hautefeuille and Chappins that by compressing, at about one hundred and twenty-five atmospheres, a mixture of oxygen and ozone in a bent tube, part of which was cooled in a jet of liquid ethylene, they obtained ozone in liquid drops of a dark indigo-blue color. The vaporization of the liquid, they say, is not very rapid even at the ordinary atmospheric pressure.

CAUSES OF FAILURE OF NERVE SUTURE.

—According to Dr. F. L. Parker, Charleston, South Carolina (Medical News, May 13, 1882), failures in cases of the secondary operation (one to nine months after injury) of nerve suture, depend upon certain contingencies: First: Degree of atrophy of one or both ends of the nerve, particularly the distal end preventing their adequate adjustment. Second: The length and size of the neuroma on one or both ends requiring a sacrifice of nerve tissue and complicating apposition by forced stretching or wide dissection. Third: Atrophy of the neurilemma forcing the operator to suture through the substance. Fourth: Neuritis or sclerosis of the distal or central end. Fifth: Unavoidable mutilation of the nerve ends after resection. Sixth: The manner of treating the wound and degree of suppuration. Excluding cases in which these contingencies were unfavorable, Dr. Parker has had excellent results from nerve suture.

OVARIAN DERMOID CYSTS.—The origin of these has been much disputed, and theories of their formation are very numerous and discordant. Blumenbach claimed that they were the results of an excess of formative nisus. Waldeyer at one time advanced the hypothesis of parthenogenesis, but abandoned it. Lawson Tait has since adopted the same hypothesis with additions. Heschl claimed that dermoid cysts result from the inclusion of abnormal structures, and from the same being pinched off during foetal life. This explanation was only made for dermoid cysts, other than those of the testicle and ovary. His extended it to apply to those of the testicle and ovary. Verneuil and Hueter adopt the theory of foetus in foetu. Dr. Elsner (Dublin Medical Science, May, 1882,) after an extended analysis of cases coming under his observation, and the literature of the subject, says: We know that dermoids occur externally and internally in places where the epiblast dips down to meet the hypoblast,

and where by processes of grooved involution new bodies are formed, such being, first in order, the testicle and ovary, and that therefore they are all embryonal in their first structure. Small at first, they may under certain conditions develop to an enormous size, as occurs in the ovary where a periodical afflux of blood goes on after puberty, about which time it is observed that dermoids take on growth. That the occurrence of bone, muscle, and nerve, etc., in genital dermoids is explained by the fact that all three layers of the blastoderm contribute to form the intermediate body (the Wolffian) from which the ovary and testicle become developed, and hence cells belonging to either layer may only too readily be pinched off in the involution process. They are perfectly innocent growths anywhere except in the ovary, and only malignant there as any growth might be. All dermoid cysts are essentially the same. The foetal remains (properly so called, not shapeless bones) do not point to a formation of foetus in foetu, nor are they analogous to dermoid cysts, but are due to analogous process at an earlier stage of embryonic life: Inclusion of one ovum in another the included becoming part and parcel of the other.

MALARIA AND DENTAL HÆMORRHAGE.

—Dr. Guenard (Journal de Médecine de Bourdeaux, May 7, 1882), after a somewhat extended examination of cases of hæmorrhage coming on after the extraction of teeth comes to the following conclusions respecting this: Among the numerous causes of internal origin which lead to and keep up hæmorrhage after the extraction of teeth, should be included malarial infection, either recent or old. In certain cases where there are no obvious symptoms present of malarial infection, quinine sulphate will yield very good results. In conjunction with ordinary hæmostatic methods and those particularly adapted dental hæmorrhage, quinine sulphate should always, in obstinate cases, be administered.

SPINAL INJURIES AND HIGH HEELED SHOES.—According to the *St. James Gazette*, an action brought in London to recover compensation for personal injuries, was defended on the ground of contributory negligence. While stepping on board a vessel belonging to the defendant, the plaintiff's wife slipped and fell, breaking her leg. A question was raised as to the height of the heels of her boots. She described them as being not very high, about the usual height. A medical expert said that the heels of the boots worn by plaintiff's wife were not very high; but admitted that high heels led to many accidents, and in some cases "conduced to injury of the spine." The jury found a verdict for the defendant.

URÆMIA.—Dr. Despine, Geneva, Switzerland (*Lancet*, May 6, 1882), after having employed venesection with good results in a case of uræmia from scarlatinal nephritis, examined the blood and comes to the conclusion that the explanation of uræmia is to be found in: First: An accumulation of potash in the serum, derived from the uneliminated debris of red corpuscles, the destruction of which is increased by the accumulation of urea in the blood. Second: In an enormous increase of arterial tension in consequence of the influence of the potash salts upon the endocardium and cardiac nerves. The venesection acted in two ways, it directly eliminated the potash and lowered suddenly the arterial tension.

CARBOLIC ACID IN TYPHOID FEVER.—Dr. Ramonet following out the results already claimed by Desplats, Dèclat and Van Oye, as to the use of carbolic acid in typhoid fever, comes to the following conclusions (*Archives Gènèrales de Mèdecine*, May, 1882). Carbolic acid does not only act as an antipyretic in typhoid fever, but it also exercises especially on this fever a curative antizymotic action. The dose of carbolic acid given by washing the external surface should not exceed sixty grains per diem. Doses greater than this are liable to be fol-

lowed by dangerous secondary and immediate effects. The treatment by carbolic acid may be followed by serious pulmonary complications or by carbolic acid intoxication. Convalescence is the period in which these are especially to be dreaded. This treatment with carbolic acid, Ramonet claims yields the best results in typhoid fever, but it should always be supplemented by tonics and cold baths, with the latter especially, it can with very great advantage be combined at times.

SUBCARBONATE OF IRON IN ULCERS.—Dr. Vidal (*Journal de Mèdecine et de Chirurgie Pratiques*, May, 1882,) has found that the use of sub-carbonate of iron in the treatment of ulcers, possesses some advantages. He claims that it is preferable to most of the medications used in the treatment of ulcers, particularly iodoform. The ulcerated surface is washed with a solution of walnut leaves and then covered with a layer of powdered sub-carbonate of iron. Two applications of this kind are made during the day. The results obtained in ulceration of the lower extremities, have been very gratifying.

ACONITE IN ACUTE DYSENTERY.—Dr. W. Owen, Port Blair, India (*Indian Medical Gazette*, April 1, 1882), reports having treated one hundred and fifty-seven typical cases of acute dysentery with aconite. He was induced to give aconite by the following considerations: First: Its influence in other acute inflammations. Second: From its relieving internal congestion. Third: It has a marked antipyretic action in febrile cases. Fourth: It has a sedative action on the gastro-intestinal mucous membrane. He gives one minim of the tincture of aconite (*British Pharmacopœia*) every quarter of an hour for the first two hours, and a minim an hour subsequently, making half a drachm in twenty-four hours. This method has been found by him to be followed by the very best results in the great majority of his cases.

IODOFORM IN OPHTHALMIA NEO-NATORUM.—Dr. Lange, St. Petersburg, Russia (*Medical Times and Gazette*), claims that iodoform is not only of no value in ophthalmia neo-natorum, but its use is attended by bad results in this disease, as it produces granulations of rapid growth which fill the conjunctival sac and exert dangerous pressure on the cornea. These conclusions are in marked contrast with those of Dr. Grossmann, reported in the last number of the Review.

SALICYLIC ACID IN RHEUMATISM.—Dr. J. Russell, Birmingham, England (*British Medical Journal*, April, 1882), gives some interesting particulars concerning the treatment of ninety cases of acute rheumatism. Of these, fifty-five were treated with salicylic acid, and thirty-five with other remedies. In the thirty-five cases last mentioned the average number of hours occupied in the temperature falling to ninety-nine degrees was two hundred and forty-eight, the extremes twelve, and one thousand fifty-six hours. The average stay in hospital of twenty-seven of these thirty-five cases was thirty-nine days. Of the fifty-five cases treated by salicylic acid, in forty-three the remedy has acted successfully, and in twelve it failed, of which failures four were due to imperfect administration. In the forty-three successful cases, the average number of hours in reaching ninety-nine degrees was (thirty-nine cases) thirty-eight. The extremes were six, and seventy-two; in sixteen cases it was thirty hours or less. The average stay in hospital was (thirty-seven cases) thirty-eight days; the extremes ten days, and one hundred and thirty-eight. In twenty cases, relief of pain occurred within twenty-four hours after the administration of the acid. Eleven of the forty-three cases relapsed, and four relapsed a second time. In eight severe cases the remedy failed. The average residence (six cases) in hospital was seventy-five days. One death occurred. Four of the patients were abnormally neurotic. Of the forty-

five cases vomiting occurred in nine, after doses exceeding ten grains. Delirium occurred in six, which was protracted in two cases, but free from alarming symptoms; in one case death occurred. Two deaths occurred. One of these occurred in a boy of weak intellect, who had been taking ten grains every four hours with great relief for six days. He died suddenly in the morning after screaming all night without apparent cause. The lungs were oedematous and congested. The right auricle was gorged with blood. The second case was a man of nervous temperament, who had taken ten grains every two hours without relief. The dose was then doubled and two days after raised to twenty-five grains. The rheumatism was relieved and the dose lowered to twelve grains, and to eight the following morning. He had been depressed and delirious during the night. The delirium was intense during the next day, and he died suddenly during the night. The temperature rose 111.5° just before death. There were five cases of pericarditis in the forty-three successful cases. In three it preceded the remedy, in one it was discovered the day after commencement. In the third, a fatal case, it was discovered three days after the rheumatic symptoms had been subdued by the salicylic acid. These figures seem to indicate that salicylic acid exerts a marked influence over the acute rheumatism, but that its administration is at times attended by extremely serious consequences.

COMPRESSION OF THE CAROTIDS IN SPASMS.—Dr. E. GAVOY (*Journal de Médecine et de Chirurgie Pratiques*, May, 1882) claims good results from this old therapeutic procedure, not only in epilepsy and hysteria, but also in the spasmodic conditions like asthma and whooping-cough. He believes that it is only a palliative, but a palliative which exerts a marked influence on the duration of the disease, and is a useful adjuvant to other therapeutic measures ordinarily employed.

GASTRIC CANCER AND BILIARY CALCULI.

Billroth's Bordeaux patient on whom he proposed to perform gastrectomy for gastric cancer, died the day before he arrived. On the autopsy, the stomach was found to be perfectly healthy, but the gall bladder was enormously distended by biliary calculi.

INSANE ELEPHANTS.—The *Lancet* which has of late distinguished itself by nonsensical comments on psychiatric topics, now pursues the same method of discussing, purely from a dilettante standpoint, zoological questions. Apropos of Jumbo it says that insanity does not afflict elephants, and an insane elephant has not yet been observed. The *Lancet*, on studying zoology a little, will find that insanity is so frequent among elephants that a special name has been invented for the insane elephant, who is called popularly a "rogue," and a popular name of anything is good evidence as to its frequency.

RESECTION OF A VERTEBRAL BODY.

Dr. J. Israel (Berliner Klinische Wochenschrift, March 6, 1882), reports a case of a scoliotic man who was paraplegic and in whom the symptoms pointed to pressure on the motor portion of the cord. The presence of a cold abscess to the left of the first lumbar spine, the pain on pressure and the fact that the paraplegia had gradually occurred led to the diagnosis of caries of the body of the vertebra. The abscess was first opened next the sinus leading to the twelfth rib at its greatest convexity. The rib was found to be carious and was resected. The vertebra had undergone cheesy degeneration, and was scooped out by a sharp spoon. The patient died thirty-seven days after the operation. On the autopsy, dry pleurisy and miliary pulmonary tuberculosis were found. The cases reported by Spencer (New England Medical Monthly,) and that reported by Gaillards Medical Journal for March seem to show the feasibility of this operation in similar cases, to Israel's case.

DEATH FROM HEPATIC COLIC.—Dr. Brouardel (*Annales d' Hygiene Publique et Medecine Legale*) reports a case of death apparently resulting from hepatic colic. A young woman, aged 30, in apparently good health, just before taking a railroad train drank a glassful of gooseberry syrup and seltzer and a few minutes after was seized by sharp abdominal pains. After some hours of alternate ease and pain the patient suddenly died. On the autopsy nothing was found to indicate the cause of death except a large calculus in the ductus choledochus, sixty-one calculi in the gall bladder, slight œdema of the duodenum and pancreas, and hæmorrhagic infiltration of the pancreas. Dr. Brouardel is inclined to refer the death to hepatic colic, but it is equally probable that the pancreatic infiltration might have produced it. This case is, however, in any event not unique.

CORRUGATED PAPER AS A SPLINT.—Dr. Walter Pye gives an account (*British Medical Journal*) of a new splint, which he has found of great value. Its most important feature is flexibility combined with stiffness. It is made of a material known as corrugated paper, and is very cheap and light. Dr. Pye says: "From the purely surgical point of view, I have found this corrugated paper extremely useful. It can be used in all those cases in which the expensive kettle-holder splinting has been employed, and makes about the best angular splint for the elbow I have ever seen. The commercial use to which this paper is put is principally that of either packing wine bottles in cases, or else of enabling single bottles to be wrapped up in a parcel not indicating its contents." The corrugated paper thus used in surgery by Dr. Pye is of American invention.

INSANITY FROM HAIR DYE.—Three cases of insanity of the type due to lead poisoning, have been traced (*British Medical Journal*, May 6, 1882,) to the use of frequently employed certain hair dyes.

LOCAL.

MAURICE PORTER MEMORIAL HOSPITAL.

Mrs. Porter has recently founded, in memory of her son, The Maurice Porter Memorial Hospital. The hospital is located at 1037 North Halstead Street, corner of Belden Avenue in this city, and is now open for the free care and treatment of children over three and under thirteen years or age. Dr. Truman W. Miller has charge of the management of the hospital. Too much praise can hardly be awarded Mrs. Porter for her great charity in thus providing in a measure for the proper care and treatment of sick and needy children between the ages mentioned.

THE NATIONAL BOARD OF HEALTH has appointed as inspectors of the emigrant trains entering Chicago, Drs. Bundy, Newton, Starkweather, J. G. Kiernan, and Farral. Their duties are to see that there are no cases of variola on board the trains, and that all patients on board are either vaccinated or present certificates that they have been. They have thus far inspected about six thousand emigrants. It is anticipated that the inspection will be of much service in preventing the introduction of small-pox into the city. The service is not as yet more than experimental, but will soon be perfectly organized in a very thorough manner. To Drs. Rauch and De Wolf are committed the general supervision of the service. The railroad companies in the main co-operate cheerfully in furnishing the necessary assistance to the inspectors.

CHICAGO PATHOLOGICAL SOCIETY.

At the last meeting of this society, Dr. E. P. Davis read a paper on "Resection of the Main Branch of the Superior Maxillary Nerve in a Case of Epileptiform Neuralgia." The case was admitted to the St. Joseph's Hospital in April, 1881, and Dr. C. T. Parkes operated by trephining through the Antrum of Highmore, breaking through the infra-orbital canal in the floor of the orbit and removing Meckel's ganglion and

about one inch of the body of the nerve. The patient for a time experienced entire relief from pain, but during the winter just passed the man had a return of the symptoms in other parts of the face, especially in the lower jaw and over the brow. The patient a second time presented himself for operation, and Dr. Gunn removed a portion of the inferior dental nerve by trephining through the inferior maxillary bone. Thus far the relief has been almost complete. Although as yet a sufficient length of time has not elapsed since the second operation to make a positive statement possible, it is thought this relief will be permanent. The paper was discussed by Dr. Lyman who first saw the case at his clinic, and by other members of the society.

SCARLATINA AFTER DELIVERY.—Dr. H. Corson, Coonshocken, Pa. (Medical and Surgical Reporter, May 27, 1882), reports a case of a woman who was attacked by scarlet fever two days after delivery. The patient had for four days a temperature of one hundred and three degrees, and exhibited marked nervous disturbance. Dr. Corson regarded the case as one of those in which hysteria complicates in a somewhat dangerous way one of the exanthemata. The patient was treated with cold baths and cold douches and stimulants, and made a good recovery. The desquamation was very great. Dr. Corson is inclined to believe that the cold treatment of scarlatina is too much neglected because of the timidity of physicians.

VENESECTION.—Arloing has studied the effects of venesection on the circulation, and concludes (*Revue de Médecine*, February, 1882,) that moderate venesection increases tissue irrigation, assimilation and metamorphosis, since it is accompanied by general capillary dilatation. Copious venesection diminishes tissue irrigation and causes grave circulatory disturbances, accompanied at times with irregular and retarded cardiac action.

ORIGINAL CONTRIBUTIONS.

*MEDICAL CLIMATOLOGY.***The Relation Between Climate and Phthisis Pulmonalis.*

BY DR. G. B. UGHETTI, CATANIA, ITALY.

One of the branches of medical climatology which of late years has become a standing subject of numerous essays, is that which pertains to the relation between climate and phthisis pulmonalis.

In this field which, among the more recent authors, Moore, Farralli, Williams, Bennett and others have distinguished themselves, no law has yet been determined which leads to safe therapeutic conclusions. Just as upon the other subjects of climatology a great multitude of observations have been collected, but the relations between effects and their causes have not always been accurately adjusted. That this is true, appears from the fact that we daily see the most contradictory theories maintained by different authors with the support of corroborative documents which appear equally unanswerable, and, what is more serious, they appear corroborated by a perfect wealth of statistical evidence.

So upon the present subject Dr. Talbot Jones, of St. Paul, Minnesota, has recently published in the New York Medical Journal an article in which, with a process of reasoning apparently full of logic and sound critical faculty, he comes to the conclusion that "the cold climates are unfavorable to the development of phthisis," "that it is a false and unsafe idea that phthisis is rare in warm climates," and therefore, he concludes with Dr. Franklin Staples, that "the climate of Minnesota (the State in which the author resides) is stimulating and beneficial in its effects upon the pulmonary and bronchial affections which are marked by debility, imperfect digestion and assimilation, and upon tuberculous and scrofulous diatheses."

According to the tables given by the author, the winter mean registered at the station of St. Paul is 34°. 5 F. equal to 1°. 3 C, and the yearly mean is 48°. F, equal to 9°. 1 C. Now, this is a proper case in which to say that we ought to observe not how the author concludes, but how he reasons; and it is so much the more necessary in the present instance, because Dr. Jones proceeds with a certain circumspec-

tion in his deductions, and does not commit himself to the strange theories of Parkin.

The conclusions of Dr. Jones and the corollaries deducible therefrom are in great part opposed to those of the majority of clinical writers, and, for my own part, I have already in another article defined how, and within what limits a winter residence in warm, clear and constant climates will be beneficial to persons affected by diseases of the chest. The principal argument from which Dr. Jones draws the conclusion that cold climates are more healthful to consumptives than the warm climates, is that the mortality from pulmonary consumption is greater in the latter than the former.

It is not easy to measure at first glance the distance which intervenes between premise and conclusion, although it is nevertheless, demonstrable that it is very great. Here let us see what the author says: "When an examination is made of the character of comparative merits of climates, we are at once struck with the fallacy of the doctrine, which has obtained for generations, that the disease is more frequent in cold than in warm latitudes." "It has been shown by Fuller that on the coasts of Spain, Italy, and France, bordering on the Mediterranean sea, and in Madeira and Malta, which together constitute the most popular sanatoria in Europe for consumptives, the rates of mortality to the natives from this disease exceeds that of England."

Now that which the author lays down as a general law cannot stand as such absolutely, as it will not be difficult for me to show with some observations collected in Catania, one of the most favorite resorts on the coast of the Mediterranean. The most strenuous advocates for the efficacy of warm climates as curative of phthisis have, nevertheless, recognized the fact that this disease is very frequent in those very climates.

Mantegazza, who has described Madeira, as every one knows, says: "At Funchal the Madeirans not unfrequently contract phthisis, and this is a decisive proof that in studying the etiology and diagnostics of phthisis it is necessary to studiously consider very many elements and their reciprocal relations for the purpose of correctly estimating any one specific influence." But in saying that phthisis exists there, he does not say that it exists there in a greater proportion than at London; on the contrary, he produces a table by which it appears

*Translated from the Italian by ex-Gov. C. K. Davis, of Minnesota.

that while at Madeira there is one death by phthisis out of twenty-five deaths; there is at London one death by phthisis out of every five. And the difference is remarkable enough.

But let us come to Catania. Here, likewise, according to Fuller and Dr. Jones, the proportion of mortality by phthisis should be most remarkable. Here, instead of any assertion, I take the figures from the last Rassegna Demografica della cetta di Catania, which is annually published under the intelligent editorship of Signor Castagnala-Gallo. Estimating the population at ninety thousand two hundred and twenty-four on the first day of January, 1878, and at ninety thousand nine hundred and ninety-six on the first day of January, 1879, the following data appear:

GENERAL MORTALITY.

	Spring.	Sum'r.	Autumn.	Winter.	Total
1878.....	544	822	890	702	2,958
1879.....	739	849	740	768	3,098

Considering the mortality in the warm months (May to October), and in the cold months (November to April), we have: For 1878 in the summer months, one thousand five hundred and ninety-three deaths; in the winter months, one thousand three hundred and sixty-five deaths; for 1879 in the summer months, one thousand five hundred and ninety-seven; in the winter months, one thousand five hundred and one.

Collating this mortality with the population, we have: In 1878, mortality three twenty-five one-hundredths per cent.; that is to say, one death to every thirty inhabitants; in 1879, mortality three thirty-eight one-hundredths per cent., that is to say, one death to every twenty-nine inhabitants. Now, the mortality from tuberculous phthisis in its proportion to the total mortality is four thirty one-hundredths per cent.; in proportion to the living it is fourteen one-hundredths per cent.; that is to say, one death from phthisis in every twenty-three two-hundredths deaths, or one death from phthisis for every six hundred and ninety-eight five one-hundredths inhabitants. Now, let us compare these figures for those which England affords, according to an author who is one of those who are most opposed to winter migration into warm climates. Parkin says: "It is indubitable that phthisis prevails to a great extent in England. More than fifty thousand persons die there annually of phthisis, regardless of any other diseases of the chest." The mean from 1851 to 1860 was fifty-three thousand

and forty-six, which was a proportion of twelve per cent. of the total mortality. If we calculate as to the living instead of the dead, the annual proportion will be two sixty-seven one-hundreths, the general mortality for the same period being stated at twenty-two eighteen one-hundreths. In round numbers we can say that out of every one thousand persons, two and a half die annually of phthisis.

Collating the mortality from phthisis in different months, in Catania, we encounter a fact which at first, and considered by itself would seem partly to confirm Drs. Jones, Parkin, Delaunay, Denison and others. The following are the figures for twelve months compared with the total mortality:

MORTALITY FROM PHTHISIS.

		Total Mortality.
1879.		
August.....	16	243
September.....	12	251
October....	10	257
November.....	8	233
December.....	8	233
1880.		
January.....	7	246
February	5	224
March.....	14	253
April.....	19	234
May.....	10	266
June.....	12	296
July.....	17	323

In this table the rate of mortality decreases just as the heat abates, and vice versa. But this fact that the minimum of mortality by phthisis is in the winter does not at all prove that coldness is the most favorable condition for the disease, nor that the results produced by comparing winter with summer will be the same when cold regions are compared with warm regions. In the first place the cold season is, in warm climates, the best part of the year. The genial months for softness of climate are from September to January, while the summer, both by the intensity and duration of the heat, debilitates the energies and thus accelerates the evolution of phthisis.

But admitting that phthisis preponderates in warm climates (although I think I have shown the fact to be otherwise), does it follow that the cold climates are favorable to the cure of the disease and the warm climates deleterious? And first of all, with a view to a final answer, it is necessary to note another fact: When it is said that warm regions are favorable to the development of phthisis, one does not speak without regard to the fitness or unfitness of the

therapeutic climatology of the residences. Winter resorts alone are meant. As to those who live in a place for a certain period in the year only, it is evident that they are not influenced by the effects which follow from the summer heats as the permanent inhabitants of the country are.

In the coldest polar latitudes, where Parkin wishes to send his patients, and where anything like phthisis is rare or unknown, the theory is probably correct, because in the races which inhabit these countries the hereditary predisposition to the disease has expired. Suppose a family transported from Central Europe to Greenland; the children who are born robust will survive and have robust offspring; the children who are born with a hereditary predisposition to phthisis will be affected by it early, and the greater part will die before having offspring. Those who leave children transmit, moreover, the predisposition which rapidly extinguishes them, and so only the most healthful and robust eventually survive. It is one of the most obvious and apposite illustrations of the Darwinian theory. I do not know or think that any statistics exist of the mortality by phthisis among the exiles into Siberia from the warmer regions of Russia, but if they do exist they would probably give very different results from those of the statistics concerning the natives of Siberia. In conclusion, I hold that investigations into the relations between climate and phthisis ought to be strictly separated from those as to the curative influences of places of winter resort. Even if the generation of phthisis should depend exclusively on climatic influences, that fact would prove nothing against the beneficial effects of certain climates in certain resorts, even if in those places the existence of the disease should be noteworthy among the natives. But the diffusion of phthisis, as Faralli has demonstrated, does not bear constant relation with climatic elements. The causes of its production are to be sought not alone in the temperature, atmospheric pressure, quality of the air, but also in the races, alimentation, and the conditions of life in general. Parkin, Dr. Jones, and the others above referred to, assume as a thing already established the relation of cause and effect between the climate and the proportions of phthisis which they find there. Starting from this point, they deny the efficacy of certain climates, because the influences of the entire year tend to favor the

development of phthisis. They base many of their assertions upon erroneous data, and pass beyond the limits to which clinics are restricted. In fine, what is the object of a search in climates for the elements of a cure for phthisis? It is to take away the sick person from the corrupt and infected air of great cities, from low temperature, from the limitation of light, from the overcharge of humidity, from the variations of the various meteoric elements, and give him a pure air, rich in light, warm and with little variation.

Now these conditions as to European winters are found in certain places designated by the name of winter resorts. Here phthisis is not more frequent than elsewhere, but rather, as to the resort at Catania, I think I have shown it is less frequent; but be it more or less frequent, it has no influence upon the beneficial effects of a winter sojourn to moderate or arrest the evolution of a phthisical process.

CORRESPONDENCE.

ILLINOIS STATE MEDICAL SOCIETY.

QUINCY, May 30, 1882.

The annual meeting of this society was held in this city May 16, 17 and 18. There was an average attendance. The meeting was called to order by the President, Dr. Boal, of Peoria, and prayer was offered by the Reverend N. Smith. Dr. Robbins, in behalf of the Quincy physicians, welcomed the Society to Quincy in a very appropriate address. Dr. Boal then delivered a very able annual address, which dealt largely with the history of the Society, and the circumstances of its institution. In connection he announced that Dr. Thompson, of Lacon, one of the original twelve members was present. Dr. Robbins then made a report on behalf of the Committee of Arrangements.

The reports of committees were called for and Dr. W. O. Ensign, of Rutland, made the report of the standing committee on Practical Medicine. The paper dealt with the history of epidemics in the State during the past year. It stated that while there are four hundred members of the society, thirty-one counties are not represented, and sixteen of those represented have but one member each. The committee therefore had to call on regular physicians not members in a number of counties, and returned thanks for their assistance. After referring to epidemics in certain lo-

calities, the report touched upon small-pox, giving a history of its ravages with eight hundred and twenty-two deaths in Chicago alone during 1881. The report obtained referred to good results from the use of humanized virus. The report also treated of typhoid fever, typho-malarial fever, scarlatina and diphtheria, and gave instances of the appearance in localities of a mongrel disease.

Before proceeding to discuss the report, the judicial council reported against the protest filed against the admission of the Knox County Medical Society. The judicial council further reported that they had investigated the complaint against Dr. A. E. Prince, of Jacksonville, concerning a card published by him in a newspaper, and found that it was an infraction of the Code of Ethics, not intended by the doctor, and that as soon as his attention was called to it, the card was withdrawn. The council therefore dismissed the charge and admitted Dr. Prince as a delegate.

The report of the committee on Practical Medicine was then taken up for discussion. Dr. Rauch, of Chicago, Secretary of the State Board of Health, spoke at some length on the small-pox epidemic in the State, the measures adopted by the board and asking for the co-operation of the members of the society in the future. Dr. H. A. Johnson, of Chicago, gave his experience in vaccination and spoke of the merits of humanized and bovine virus. Dr. E. Ingals, of Chicago, gave his experience and favored humanized virus over the bovine virus that is in the market.

Dr. E. W. Lee, Chairman of the Committee on Surgery, made a report on surgical progress during the year, and exhibited a patient to show the results of sponge grafting. A paper prepared by Dr. E. F. Ingals, of Chicago, giving a report of the cases of interest in his practice, was read by Dr. Ephram Ingals, of Chicago. The discussion was opened by Dr. Byrd, of this city. Dr. Bauer, of St. Louis, discussed the general subject of surgery. Dr. Cook, of Mendota, made some inquiries of Dr. Lee concerning sponge grafting. Dr. Littlefield, of Beardstown, said he was not convinced that the case exhibited to the meeting was really sponge grafting. Drs. H. Hatch, of Griggsville, K. E. Rich, of Wenona, Dr. Aldrich, of Galesburg, also joined in the discussion, which was closed by Dr. Lee.

Dr. J. B. Davison, of Moline, Chairman

of the Committee, read the report on Obstetrics. The report stated that the committee had not discovered in their own practice, the practice of others, or in the journals anything new in obstetrics the past year. The report dealt generally with the subject, dwelt upon the responsibility of the obstetrician and the importance of his thorough knowledge of his art. The present practice was contrasted with that of earlier years to show the improvement that had been made. In conclusion, the report laid down some general rules to be observed by the obstetrician. Dr. Corr, of Carlinville, also a member of the committee, read a supplemental report treating of resuscitation of still-born children.

Dr. S. Booth, of Sparta, read a vigorous report on Medical Legislation. Among other things the report recommended a change in the laws requiring an examination of all physicians in all branches every five years, and in the case of specialists that graded certificates should be issued by the State Board. The report argued that the State should protect its citizens against fraud.

The report of Dr. M. A. McClelland, of Knoxville, Chairman of the Committee on Medical Legislation, was read by Dr. Booth, Dr. McClelland being absent.

Dr. Rauch, Secretary of the State Board of Health, spoke at some length on medical legislation in Illinois, and what it had accomplished. The laws now in force, in his opinion, had done a great deal for the profession.

Dr. E. W. Jenks read the Report on Gynecology which was discussed by Drs. E. Andrews, S. J. Jones, W. A. Byrd. The discussion being closed by Dr. Jenks. A volunteer paper on "Infantile Spinal Paralysis," by Dr. C. D. Hadway, was read by title, and Dr. Prince read the report of the Committee on Ophthalmology and Otology, which was discussed by Dr. J. P. Johnston, of Peoria. A paper by Dr. C. T. Reber, of Shelbyville, on "Malarial Germs," was read by title.

Dr. N. S. Davis, of Chicago, Chairman of the Nominating Committee, then read their report. Next place of meeting, Peoria, on the third Tuesday in May, 1883. Officers: President, A. T. Darrah, Tolono; First Vice-President, L. G. Thompson, Lacon; Second Vice-President, W. A. Byrd, Quincy; Treasurer, J. H. Hollister, Chicago; Permanent Secretary, S. J. Jones, Chicago; Assistant Secretary, T. M. McIlvaine, Peoria; Judicial Council, E. Ingals,

Chicago; F. B. Haller, Vandalia; Wm. Hill, Bloomington.

Standing Committees: Practical Medicine: N. S. Davis, Chicago; B. M. Griffith, Springfield; J. F. Todd, Galva. Surgery: J. E. Owens, Chicago; J. T. Stewart, Peoria; M. Reece, Abingdon. Obstetrics: E. L. Herritt, Jacksonville; G. W. Jones, Danville; Ellen A. Ingersoll, Canton. Gynæcology: David Prince, Jacksonville; C. Chenoweth, Decatur; E. S. D. Norrod, Lincoln. Ophthalmology and Otology: S. J. Jones, Chicago; J. P. Johnson, Peoria; J. G. McKinney, Barry. Drugs and Medicines: T. J. Pitner, Jacksonville; Herbert Judd, Galesburg; P. H. Garretson, Macomb. Necrology: E. Ingals, Chicago; W. Hill, Bloomington; Washington West, Belleville.

Special Committees: Simple Renal Catarrh: I. N. Danforth, Chicago. On the Practicability and Desirability of Separating the Work of Teaching Medicine and Licensing to Practice: S. Booth, Sparta; E. P. Cook, Mendota; M. A. McClellan, Knoxville. The Diagnostic Peculiarities of Malignant growths: Christian Fenger, Chicago. Committee of Arrangements: John Murphy, Anna S. Adams, J. H. Reeder, J. P. Johnson, J. Stewart, of Peoria. This report was unanimously adopted.

Dr. W. O. Mendenhall, of Georgetown, read a paper on "Diseases of Children." Dr. N. S. Davis, of Chicago, called attention to the great mortality of children under two years of age caused by bowel complaint. His theory was that the disease was caused by continuous high temperature during the day and night. In San Francisco and New Orleans where the days are warm and the nights cool, the death rate of infants is much smaller than in Chicago, New York and Boston. The Doctor offered some suggestions as to the prevention of intestinal disease, one being the bathing of children in the evening.

Dr. C. T. Fenn, of Chicago, did not believe that continued hot weather or continued cold weather was deleterious. It was the sudden changes that were injurious to children. Drs. K. E. Rich, of Wenona, and L. G. Thompson, of Lacan, did not endorse the theory of Dr. Davis.

Dr. Bauer, of St. Louis, spoke of experiments in Germany, by Dr. Mosier. In cases of scarlatina he used cold baths instead of warm ones. He thought that summer complaint in children was caused by the milk. Dr. Cook closed the discussion.

Dr. A. Y. McCormick, of Fowler, moved for a committee of three to report at the next meeting on "Medical Prescription of Alcohols." An objection was raised that the subject was thoroughly discussed last year. Dr. Littlefield thought there could not be too much of a good thing. The question ought to be discussed every year. In his opinion too much liquor and beer are prescribed by physicians. The vote was taken and the motion lost.

The following question proposed by a committee appointed at the last meeting was taken up: "Is Pneumonia a Local Inflammation or a Zymotic Fever." Dr. E. P. Cook, who was appointed to open the discussion, read a paper, arguing that pneumonia is a zymotic fever. Dr. N. S. Davis, of Chicago, gave a thorough history of pneumonia, its symptoms and its treatment, and related a number cases treated by him several years ago and others later. Dr. Davis closed the discussion, and took the ground that pneumonia was a local disease. Dr. Robbins read a paper on "Hot Water Injections." Dr. Ellen A. Ingersoll, of Canton, read a paper on "Hydrocele in the Female." Dr. E. W. Andrews, of Chicago, read an article on "Phenic Acid in Cancer." The paper was discussed by Dr. N. S. Davis, of Chicago, Dr. Littlefield, of Beardstown, and Dr. Black, of Jacksonville. A paper written by Dr. Du Hadway, of Jerseyville, on "Infantile Spinal Paralysis," was read by Dr. A. K. Van Horn, of Jerseyville. An apparatus of Dr. Hadway was exhibited. The paper was briefly discussed by Dr. N. S. Davis, of Chicago, who spoke of some interesting cases treated by him.

Dr. Wagner, of this city, read a paper on "Bovine disease or what would you call it." The suggestion of Dr. J. H. Hollister, of Chicago, for a necrological volume, was discussed and referred to the following committee to report at the next annual meeting: Dr. G. W. Jones, of Danville; Dr. Mendenhall, of Georgetown; Dr. McClellan, of Knoxville; Dr. A. S. Corr, of Carlinville; Dr. S. J. Jones, of Chicago. Dr. W. L. Ransom, of Roscoe, was appointed a committee of one to investigate certain drugs and report to the next annual meeting. A resolution offered by Dr. Cook, of Mendota, for the appointment of a committee to memorialize the legislature to repeal the law concerning admission to the insane asylum, and to enact a new law more humane than the

present, was taken up. Dr. N. S. Davis offered a substitute instructing the committee to be appointed to petition the legislature to modify the law so as to provide that in certain cases parties alleged to be insane need not be taken before the court for investigation. The resolution and substitute were discussed at length. The present law was denounced as an outrage, inasmuch as it dragged women before the courts for trial. Another complaint was that in a majority of cases the fate of the party alleged to be insane was placed in the hands of bidders and hangers on about court houses who had no other object than to get a jury fee. Cases were mentioned where women were taken in charge by the sheriff marched as prisoners to the court room and tried before a gaping crowd, as though they had committed a crime. The object of the association was to so change the law as to provide that in certain cases the inquiry should take place at the residence of the party alleged to be insane. After considerable discussion the substitute of Dr. Davis was adopted, and the chairman appointed the following committee: Dr. Walter Hay, of Chicago; Dr. Hill, of Bloomington, and Dr. McClellan, of Chicago.

The following were chosen delegates to the American Medical Association: Drs. R. Boal, Peoria; S. J. Jones, Chicago; M. Rooney, Quincy; G. W. Jones, Danville; Joseph Robbins, Quincy; A. T. Darrah, Tolono; N. S. Davis, Chicago; Ellen A. Ingersoll, Canton; Anna S. Adams, Peoria; L. G. Thompson, Lacon; K. E. Rich, Weldon; G. W. Cox, Clayton; David Prince, Jacksonville; D. M. Kassel, Pittsfield; Washington West, Belleville; David S. Booth, Sparta; B. M. Griffith, Springfield; J. P. Johnson, Peoria; Edmund Andrews, Chicago; G. V. Black, Jacksonville; N. Wright, Chatten; J. E. Owens, Chicago; I. N. Danforth, Chicago; John Murphy, Peoria; C. T. Fenn, Chicago; Richard Williams, Marcelline; J. M. Cowen, Hampshire; T. J. Pitner, Jacksonville; C. Chenoweth, Decatur; J. H. Hollister, Chicago; Herbert Judd, Galesburg; P. H. Barton, Danville; C. Du Hadney, Jerseyville; W. H. Veatch, Carthage; E. P. Cook, Mendota; J. P. Felker, Amboy; P. H. Garretson, Macomb; C. C. Allen, Chillicothe; I. H. Reeder, Lacon.

Drs. Walter Hay and C. Truesdale, of Chicago, were appointed delegates to the Iowa Medical Society. Dr. J. H. Hollister, of Chicago, was appointed delegate to the

Michigan Medical Society. Dr. W. A. Byrd, of Quincy, was appointed to the Missouri Medical Society. Dr. S. J. Jones, of Chicago, was appointed delegate to the Wisconsin Medical Society. Dr. Emma F. Gaston, of Chicago, was appointed delegate to the Ohio Medical Society. Dr. W. O. Mendenhall, of Georgetown, was appointed delegate to the Indiana Medical Society. Dr. Washington West, of Belleville, was appointed delegate to the Kentucky Medical Society. A dispatch from the Southern Illinois Medical Society, sending greetings to the State Society was read.

Dr. J. F. Durant, of Quincy, offered a resolution approving the efforts to procure an act of Congress for the establishment of a vaccine farm for the propagation of pure virus. The resolution met with much opposition. Dr. Johnson, of Peoria, opposed it because he did not believe in bovine virus. Dr. N. S. Davis, of Chicago, presented his reasons against the resolution. The discussion showed that a number of members of the society preferred humanized to bovine virus. The resolution failed to pass. The question, "What is the *modus operandi* of antipyretics, and what their therapeutic value?" was discussed by Dr. Davis, after which the society adjourned.

FASTING GIRLS.

OREL, KY., June, 1882.

Editor of the Chicago Medical Review,

A few days since a friend sent me a copy of your Journal of April 15, containing, what I regard, an unjust, and by inference a very severe criticism of a paper on "Fasting," which I read at the late meeting of our society. Your correspondent "P." in his comments on the case of Miss Triplett, says, "the views expressed in said paper are rather peculiar, and show considerable credulity, and do not show the scientific accuracy required from a paper of this character. The persons allowing this girl to perish from starvation, should have been indicted for manslaughter."

The first charges are "too much credulity, and want of scientific accuracy." I suppose your correspondent means by credulity, that the story of the girl's fasting eighty-five days with such little nourishment is too big to be entertained as the truth. I admit had this statement been made before the fasting of Dr. Tanner and others, and had we no parallel cases which are substantiated by unquestionable evidence, our credulity would have been greatly

taxed to have received it. But we have the cases of Miss Fancher, Miss Herman and the Welsh girl, to say nothing of Dr. Mantell's case of the fat pig. To be sure Miss Triplett lived longer than any of the fasters except the pig, but as she was, mentally, nearer the latter than the former, it should not astonish us if she imitated it more closely in fasting. It was on the ground of her mental imbecility, there being no anxiety or nervous wear and tear, that I gave greater credence to the story of her case. These views are plainly presented in the body of my paper. I think then, the excessive credulity part of the criticism of your correspondent is accounted for.

Now, as to the want of "scientific accuracy" charge, I may plead guilty, as I made no pretensions to science in its production, and aimed merely, as stated in the commencement of the paper, to present an account of some of the most noted cases of fasting, both ancient and modern. In doing this, I was compelled to observe as much brevity as possible, and on this ground had to refrain from any thing like scientific research, had I possessed the necessary ability.

I think, as the paper was not intended as a scientific one, and being virtually so stated, it should not be criticized on that account. Now comes the worst cut of all. Your correspondent says, "the persons allowing the girl to die from starvation, should have been indicted for manslaughter." The inference may be drawn by his readers, that I was one of the persons *particeps criminis*, as he refers to the case as being mine. I stated in the paper that I saw the girl two weeks before she died, not as a physician, but as a friend to the family, and through curiosity, as I was passing near the house. This was all the connection I had with the case.

But, suppose the case had been under my supervision, I would like to know if starvation could have been avoided, or death prevented? Your correspondent would doubtless answer, by nutritious enemata. I will admit that this means will in many cases prolong life, but it will in no case do so indefinitely, as the bowels sooner or later will become irritable and eject its contents. But in this case force would have been necessary in order to have used the syringe, and secondly, force to have kept the enema retained. How could this latter force have been applied? By plugging the anus? I suppose it would have been possible to

have held her and pumped nourishment into her stomach, but this operation would have required the presence of a skillful physician several times a day, which was out of the question, even had such possible things been practicable or advisable. But then, by what means could the nourishment thus administered have been retained, and assimilated in the event of non-tolerance of the stomach? Force could not have been used in this instance to accomplish the end in view. I stated in my paper, which I presume P. heard read, that this girl was an utter and hopeless imbecile, and had been such for over two years, not possessing the least intelligence. Now, what object could there have been in using any endeavors to prevent voluntary starvation, or in other words to use coercive measures to prolong life? She was an object of disgust to every one except her parents, who manifested great affection for her while living, and mourned for her when dead.

This girl seemed to be entirely unconscious of her surroundings, had not as much instinct as the brute, and altogether was the most disgusting object in human shape I ever saw. All of her friends and neighbors, except her parents, concurred in the opinion that death in her case was a great blessing. Then again, I ask the question, why should the persons in charge (her parents) be prosecuted for not using unnatural and coercive measures to prevent starvation? I hope my critic is answered.

Yours very truly.

T. B. GREENLEY.

IN justice to the Review's correspondent, the fact should be stated that dozens of such lunatics as this hysterical girl are fed every year in the different insane asylums through the nose, and that a similar case to the one just reported, which occurred in England, resulted in the indictment of the parents for permitting the fast. The performances of Griscom and Tanner are not accepted as genuine by the best physiologists, there being too many suspicious circumstances. The Review's correspondent evidently had no intention of considering Dr. Greenley a *particeps criminis*, but the case was Dr. Greenley's, as being the first reported by him. The parents should have sent the girl as soon as possible to an insane asylum.

*ACADEMY OF MEDICINE—GRANULAR
KIDNEY—DIGITALIS AND DIET
IN TREATMENT—MORPHIA IN
RENAL DYSPOŒA.*

NEW YORK June 12, 1882.

During the last year Dr. T. A. McBride read a paper on "Bright's Disease," which has already been reported for the Review (Volume IV, Number 12, page 569.) The interest excited by this paper has not yet subsided, and has led to another interesting discussion at the Academy of Medicine. The discussion was initiated by Dr. W. H. Draper reading a brief report of his views on the subject. Dr. Draper said it was somewhat remarkable that, since Bright's researches, little or nothing had been discovered of which Bright had not, so to speak, a foresight. The form of Bright's disease, to which allusion had been made by Dr. T. A. McBride in the paper previously read before the Academy, doubtless was the large, granular kidney which began so insidiously that as a rule the early symptoms failed to direct attention to the kidney as being diseased. Dr. Draper was not prepared to say that the so-called parenchymatous nephritis never occurred insidiously. He was, however, strongly inclined to believe that the cases, which seemed to indicate this, were cases of diffuse nephritis in which the granular or interstitial disorder was the prior condition. There seemed, however, no doubt of the essential character of the granular kidney, or that it might pursue an insidious course through many years before manifesting itself by symptoms peculiar to renal disease.

One important element in the ætiology of this latter form of renal disease was heredity; this was admitted by most of the recent authorities. In estimating the influence of heredity, those vascular forms of disease so often associated with granular kidney, should be taken into account. The gouty habit, whether inherited or acquired, also played an important part in the ætiology. The term gout was considered in its widest sense, not alone in the sense of an articular disease, but as a constitutional condition producing certain neuroses, dermatoses, cardiac, bronchial and vascular diseases, etc. Senility also had an influence in the production of granular kidney. It was a disease of advanced years. It was rare under twenty, but frequent between fifty or sixty. Senility was not to be measured

by years, but by the pathological changes produced by them. These facts in the ætiology of granular kidney, seemed to prove that granular kidney was only a part of a general atrophic process, and was a general, not a local disease.

That there was a functional or bio-chemical stage of the disease which long preceded any permanent lesion, was believed by many observers. In the early diagnosis the chief facts of interest were related to the causes of granular kidney. The ordinary symptoms of renal disease were indicative of pronounced and probably unimprovable disorder. There was only a relative significance in the presence of albuminuria, high pulse-tension, and high urinary specific gravity. He had often found the latter to precede many cases of inflammatory diseases.

Dr. Fordyce Barker said that a point of collateral interest was the therapeutics of the disease. In albuminuria associated with certain acute diseases, he had found digitalis to be one of the most valuable cardiac tonics in restoring the renal functions as regards the elimination of urea, but there was a class of chronic nephritic cases in which, in his opinion, digitalis was particularly contra-indicated. Dr. A. H. Smith was of Fothergill's opinion that the diuretic action of digitalis was chiefly due to its increasing arterial tension. Dr. Smith had had results of value from dieting these cases on milk. Living as much as possible in the open air and inhaling as much oxygen as possible, was of great importance. He wanted to know if fox hunters and those much on horseback, out of doors in England who suffered from the gouty habit, were as likely to have granular kidney as the gouty English of sedentary habits. Dr. Vanderpoel believed that albuminuria resulted from venous stasis based on low blood tension. The theories of lithæmic diathesis and vaso-motor disturbance were suggestive. Granular kidney was a misnomer as it was a local result of a diathesis. The cardiac affection occurred quite as early as the renal. High pulse tension was scarcely appreciable before the affection became established. Digitalis was only a valuable adjuvant at the later stages when cardiac dilatation had taken the place of hypertrophy.

Dr. Kinnicutt said that hyaline casts were of value in the early diagnosis, possibly of the functional or bio-chemical stage. Dr. Burrall said that in his experience al-

buminuria was by no means a frequent concomitant of lithæmia. Dr. T. A. McBride said it would be of great value if a pre-nephritic stage of chronic Bright's disease could be established. At present the diagnosis of chronic Bright's was chiefly based on low urinary specific gravity, quantity of urine, and the presence of certain casts. A great step in advance would be taken if a set of constantly observed pre-nephritic symptoms could be determined. If at present such a condition could be determined by urinary, pulse-tension and cardiac examination, this still required very great skill. To Dr. Draper was due the credit for the establishment of the most successful and intelligent rules of diet for the prevention of sub-oxidation. Dr. Draper in closing the discussion said that his views on diet had been suggested by reading Dr. Bence Jones' book on pathology and therapeutics. He could not answer Dr. Smith's question as to the influence of sedentary or gouty habits on gouty people. His belief was that the vulnerability of the organ determined the direction which gout took. He would not use digitalis except in the latter stages unless a mitral valvular lesion existed. He however preferred morphia to digitalis as a cardiac stimulant in the later stages of the disease. No remedy was equal to morphia in relieving dyspnoea resulting from granular nephritis. J.

ASSOCIATION OF INSANE ASYLUM SUPERINTENDENTS.

CINCINNATI, June 3, 1882.

This association held its thirty-third annual session in this city, May 30. In the absence of the President, Dr. C. A. Walker, the Vice-President, Dr. J. H. Callender, presided; those present were: Dr. E. Cowles, McLean Asylum for the Insane, Somerville, Mass.; Dr. T. W. Fisher, Lunatic Hospital, Boston, Mass.; Dr. W. B. Goldsmith, Lunatic Hospital, Danvers, Mass.; Dr. J. W. Sawyer, Butler Hospital, Providence, R. I.; Dr. H. P. Stearns, Insane Asylum, Hartford, Ct.; Dr. C. H. Nichols, Bloomingdale Asylum, New York City; Dr. J. P. Gray, Lunatic Asylum, Utica, N. Y.; Dr. D. R. Burrell, Brigham Hall, Canandaigua, N. Y.; Dr. J. R. Chapin, Asylum for the Insane, Willard, N. Y.; Dr. J. B. Andrews, Asylum for the Insane, Buffalo, N. Y.; Dr. J. C. Hall, Asylum for the Insane, Frankford, Philadelphia, Pa.; Dr. S. S. Shultz, Hospital for the Insane, Danville, Pa.; Dr. J. A. Reed, Hospital for

the Insane, Dixmont, Alleghany County, Pa.; Dr. R. H. Chase, Hospital for the Insane, Warren, Pa.; Dr. W. H. Stokes, Mount Hope Retreat, Baltimore, Md.; Dr. R. Gundry, Maryland Hospital, Catonsville, Md.; Dr. W. J. Bland, Hospital for the Insane, Weston, W. Va.; Dr. E. Grissom, Insane Asylum, Raleigh, N. C.; Dr. T. J. Mitchell, Lunatic Asylum, Jackson, Miss.; Dr. L. J. Graham, Hospital for the Insane, Austin, Texas; Dr. J. H. Callender, Hospital for the Insane, Nashville, Tenn.; Dr. R. H. Gale, Central Lunatic Asylum, Anchorage, Ky.; Dr. O. Everts, Cincinnati Sanitarium, College Hill, O.; Dr. C. A. Miller, Longview Asylum, Carthage, O.; Dr. A. B. Richardson, Asylum for the Insane, Athens, O.; Dr. J. Strong, Lunatic Asylum, Cleveland, O.; Dr. G. C. Palmer, Lunatic Asylum, Kalamazoo, Mich.; Dr. H. M. Hurd, Lunatic Asylum, Pontiac, Mich.; Dr. J. Rogers, Hospital for the Insane, Indianapolis, Ind.; Dr. E. A. Kilbourne, Hospital for the Insane, Elgin, Ill.; Dr. H. Wardner, Hospital for the Insane, Anna, Ill.; Dr. A. McFarland, Oak Lawn Retreat, Jacksonville, Ill.; Dr. C. W. Stevens, St. Louis, Mo.; Dr. C. H. Hughes, St. Louis, Mo.

After the performance of certain routine business, Dr. C. H. Hughes read a paper on "Moral (Affective) Insanity," in which he took the scientific standpoint that such a form of insanity did exist, and cited the following case: A girl soon after an attack of blood poisoning underwent a marked change of character. She was intellectually bright, but delighted in various immoral acts, especially in vituperating and telling scandalous stories about her nearest, and hitherto, her dearest relatives. Dr. Hughes regarded her as a case of moral, or as he preferred to call it, affective insanity. Dr. MacFarland regarded the case as one of moral insanity, as also did Dr. Nichols, who expressed his full adherence to this scientific doctrine, and therefore did not agree with the dictum laid down at Washington, that "moral insanity is unknown to science." Dr. Goldsmith and Stevens regarded the case as one of psychic epilepsy. Dr. R. M. Bucke was of opinion that the case was one of congenital moral imbecility, which would sooner or later develop into intellectual insanity. Dr. J. B. Andrews said it was a case which would probably terminate in intellectual insanity. Dr. Hughes said that the existence of moral insanity in the present case was much more

conceivable than the existence of so-called psychic or larvated epilepsy, the assumption of the existence of which was only using the hypothetical method to rid oneself of a case conflicting with preconceived ideas. The case only presented symptoms of the moral nature; into what it might ultimately develop could be only a matter of hypothesis. Owing to ill health Dr. C. A. Walker resigned the Presidency of the Association. Drs. J. H. Callender and J. P. Gray were elected President and Vice-President. Dr. R. M. Bucke read a very metaphysical paper on the "Growth of the Intellect."

It was an attempt to trace the evolution of the human intellect by means of the development of language. The unrevealed history of the rise of the human intellect was sought for by the double method of tracing its monuments in Aryan root words and of noting the development of concepts in the mind of the infant. The proper study of the subject would involve, Dr. Bucke thought, not only the study of many other sciences, but of a science which has not yet arisen, a science which waits the advent of a greater intellect perhaps than the world has yet seen.

Dr. Bucke recognized two main divisions, excluding the senses, in the mind; first, the intellectual; second, the moral nature. Language corresponds with the intellect; the moral nature is not connected with speech, and consequently can not be fully expressed in words. The intellect is concerned with thought, the moral nature with emotion. As a forest is made up of trees and a city of houses, so the intellect consists of concepts, and nothing but concepts. The register of these concepts we call memory, the faculty which compares them we call reason; and for the combination of these concepts we have no good name. We call it imagination, the Germans have a better name, "Vorstellung." Intellect progresses in the first part of life, at least, by the acquirement of concepts. Language is the true expression of intellect. The independence of thought and language the essayist dwelt upon with some force, and he pronounced with some emphasis that it is doubtful whether there can be any concept until it finds its expression in words. This correspondence is not casual but depends upon the nature of each. Sir Charles Lyell had illustrated the parallel between the growth and evolution of language, and of the intellect.

The curious fact that perception of color developed in the human race apparently only at a comparatively late date, was illustrated by references to the Rig Veda, to the Zendavista, to Homer and to the Hebrew Scriptures. Etymology supports the evidence of the literary remains of those early days in showing that at first man had no perception of color at all, that he slowly learned to separate color into the red and black, then long after to perceive a difference between black and blue. Red seems to have been divided into white and yellow and their intermediate tints, and yellow into blue and green. Of course, exactly what those conceptions were to them we cannot now tell. Color-blindness, still quite common, seems now but an atavism.

In a similar manner it was shown that the perception of fragrance developed very late. In the Hebrew Scriptures is no mention of fragrance until we come to Solomon's Song. This position was supported by quotations from the classics.

Dr. Bucke laid down his conclusion that concepts grow from the fissure or cleavage of other concepts and sense perceptions; a process that would go on for ever. Every present concept will divide, and this division will again be split up until in the ages to come our thoughts will seem as crude and broad as those of the Aryans are to us, and conversely; as language and thought develop man would perceive many qualities in nature now as concealed to us as color and fragrance were to the Aryans.

Dr. Hughes, of St. Louis, intimated that Dr. Bucke's idea of the intimate dependence of thought upon language was as old as De Candolle, and had been a great stumbling block to psychology, until destroyed by later thinkers. He believed, furthermore, that the lower animals think, though they have no means of expressing themselves in language. Dr. Stevens took the ground that concepts did not depend so much upon words as words upon concepts. The paper was further discussed by Dr. C. H. Nichols, who took the position that a compromise between the extreme positions of Dr. Hughes and Dr. Bucke was not impossible. Dr. Everts only praised the paper, and did not in the proper sense of the word discuss it.

Dr. H. M. Hurd read a paper upon "Treatment of Periodic Insanity." The idea which he wished to enforce was the beneficial influence of a return home of the

patient in the intervals of maniacal excitement when the intervals of quiet and apparent recovery are sufficiently long. The influence of hope, of engagement in business, and the return to the home circle was urged as a good reason for a temporary discharge from the hospital. Incidentally the history of several cases was given, and the influence of judicious medication in retarding the exacerbation or attack of mania was illustrated. In the subsequent discussion a large number of the members took part. Most of those who engaged in the discussion agreed with Dr. Hurd, having found in many cases good results following from an experimental return of the patient to his home, especially where the home environment was such as to exert a tranquilizing effect upon the patients. The prospect of a return home, said Dr. Fisher, is one of the most potent of moral agents in the treatment of the insane. He had practiced great liberality also in the matter of allowing visits from friends on the outside. It was generally agreed, however, that when the patient is married the danger of his or her becoming a parent during this interval of calmness seriously complicated the question. In the case of the unmarried, or the married who are beyond the bearing period, it was generally pronounced a safe experiment to allow the patient to visit home frequently or to return to it on trial.

Dr. R. S. Dewey read a paper on the "Differentiation and Segregation of Certain Classes of the Insane." He described certain buildings erected as detached wards to separate certain classes, such as the epileptic, the inebriates and the criminal insane from the other insane.

Dr. Fisher, in commenting upon the paper, described the influence of epilepsy upon the other insane. The epileptic insane entertain no such grudge toward each other as the insane hold toward the epileptic. The need of separating these two classes as a consequence of this state of feeling was shown.

Dr. Hughes thought that such institutions should have not less than a section of land instead of the usual fifty or one hundred acres, in order that there may be abundant room for the erection of buildings and for other reasons. There are times in the lives of insane persons, as in those of healthy persons, when a change of habitation is conducive to mental health.

Dr. Kilbourne represented the difficulty of persuading the lady patients to inhabit

the cottages or isolated wards, where they miss the stir of the asylum, and their objection in many cases to sleeping in dormitories. He agreed with Dr. Dewey upon the advantage of removing the criminal insane from the others.

Dr. Gray, alluding to Dr. Dewey's proposition that the inebriate should be isolated from the insane, said that the failure of the New York Inebriate Asylum was in a large measure due to the fact that the Courts held that drunkards could not be held, and discharged all who were brought before them. The asylum could not keep a patient unless he came voluntarily.

Dr. Rogers read a paper upon "Important but Heretofore Unobserved Effects of the Alkaloid Cinchonia." Dr. Fisher read a paper on the mental status of the murderer of President Garfield, with the caption: "Was he Sane and Responsible for the Assassination of the President?" In this case he said a dozen or so of experts testified that they thought the assassin not insane and some thought the person presented to them in the hypothetical case of the defense, insane. The witnesses for the defense were not allowed to express their real opinions. They were made to answer hypothetical questions which took it for granted that the homicide was committed under the delusion of divine influence, thus begging the whole question of insanity. The counsel for the Government saw the blunder of the defense and declined to cross-examine most of the expert witnesses. This absurd course was injurious to the defense. The essayist could not see the justice of a sentence that metes out death to the insane. The deterrent effect of such a sentence upon the insane is nothing, as is shown by the attempt of McLean upon the Queen so soon after the murderer of President Garfield had been sentenced to death. He had little faith in the deterrent effect of capital punishment upon the insane, and least of all upon those incapable of reasoning upon the ordinary affairs of life. This case seems to fall within one of the definitions of insanity, which Dr. Fisher proceeded to quote, giving the language of several authorities, among them Dr. Ray, who says insanity is a prolonged departure without adequate external cause from the ordinary course of thought and action. The experts who agreed upon the insanity of the assassin, all agreed upon the insanity of his life. It was congenital insanity. The departure from a sane life seemed to have begun at

the age of eighteen, when he was a student at Ann Arbor. Previous to this he seems to have been a boy of good disposition and rather above the average in mind. The essayist then pointed to the evidence of a mental change at the time specified, in the shape of letters written to his sister, of his abandonment of his ambitions and studies, and his embracing the theory of the Oneida Community.

There was then traced through the assassin's life the evidence of insane impulses leading to habits destructive of his manhood on the one hand, and to an inordinate growth of self-esteem on the other. He seemed to be sexually insane. His conduct while a member of the community, his moroseness, inefficiency in the field work, and a number of details, showed the weakened mind. At three times in his life was he pronounced insane by those cognizant of his life, at Ann Arbor, when he wrote in a strain of affected piety to his sister, and his utterances and habits showed a perverted mind; in the defense made by Noyes, of the Oneida Community, to the assassin's suit to recover the balance of the \$1,000 which he had placed in its treasury; and the third time in 1875, when he threatened his sister with an axe.

It would be useless to endeavor to follow Dr. Fisher in his array of evidence in support of his claim that the assassin was and is insane, without giving the entire paper. Upon the question whether the assassin is a fraud, a fanatic or a lunatic, he thought it would be fortunate indeed for the medical profession, if such cases could be placed strictly within any of the classes drawn by the profession. In regard to his fanaticism, it was pointed out that a belief in the Divine leadership was one of the leading ideas of his life. That he was not altogether a fraud is indicated by the growth of his own esteem of himself in proportion as he became more degraded.

It seemed perfectly natural to the assassin that a man of brains and decision, a man with a new religious truth to promulgate, should have had this great idea of the assassination of Garfield as a means of preserving the Republican party and thereby the country, suggested to him by Divine authority. The homicide was the outgrowth of false reasoning, and not a result of passion or revenge. In my opinion, said the essayist. "The nicety of his arrangements and his cool behavior after his arrest are evidencies of this. He acted like a man

who had performed a great act, beyond the comprehension of the vulgar mob. It was the crowning act of his career, to him. It seemed the crowning act of an insane life. It requires vastly more straining of probability to suppose the assassin sane than the reverse.

If, when he was haunting the White House, or soliciting the Paris Consulship, he had been arrested as the insane vagrant he was and appeared to be, he could have been committed to the asylum. He would have been held on the strength of his history and absurd claims. Since the assassination, scores of persons have been sent to the asylum on slighter evidence of insanity than this, owing to an awakened public dread of "cranks." It would not be possible for another individual to repeat the assassin's conduct previous to the assassination, without instant arrest and commitment to the asylum. Why, then, should a homicide so much resembling insanity discredit his insanity?"

Dr. Fisher could hardly conceive it possible that a sane man, however desperate and depraved could have simulated insanity before and in the commission of such an act to cover his real motives. More within the bounds of probability is it that an insane man having committed an act which he supposed could be justified to the world, having failed in this expectation should fall back upon the legal plea of insanity. He might even feign some other form of insanity. Both the prosecution and the defense were censured for errors of judgment. Dr. Fisher thinks it was the duty of the Government to place the assassin under the surveillance of a commission of medical experts, whose study of his life should have determined whether he should be tried for murder or committed to an asylum.

The following committees were appointed: Annual Necrology of the Association, Drs. Grissom, Wallis and Stearns. Cerebro-Spinal Physiology, Drs. Gundry, Chapin and Kilbourne. Cerebro-Spinal Pathology, Drs. Clark, of Ontario, Kempster and Mitchell. Therapeutics of Insanity and New Remedies, Drs. Rogers, Strong and Gale. Bibliography of Insanity, Drs. Hughes, Godding and Graham. Relations of Eccentric Diseases to Insanity, Drs. A. E. Macdonald, Goldsmith and Powell. Asylum Location, Construction and Sanitation, Drs. Reed, Dewey and Wilkin. Criminal Responsibility of Insane, Drs. Everts, Andrews and Fisher.

OVARIOTOMY.

NEW YORK, June 4, 1882.

Editor of the Chicago Medical Review,

DEAR SIR:—Will you kindly call the attention of the readers of your Journal to the proposition which I am about to make. A "System of Gynæcology by American Authors" is in process of preparation, and it is intended that this shall be as nearly encyclopædic as possible. To me has been allotted the task of writing the chapter on the "History and Statistics of Ovariectomy." To obtain complete statistics of all ovariectomies done in the three-quarters of a century of the history of the operation, is a task quite impossible, as many of the earlier ovariectomists are dead, and their records lost. Even among the living many may be disinclined to co-operate with me as they should. Although the report of each operator's cases may cost him some time and trouble, you will readily see what a valuable fund of information will be obtained by the collation and arrangement of all the facts to be gained. It is desirable, too, to have all the material ready for the press by the end of the year, so that the sooner the returns are made, the lighter will be the task of the editor. Please request all who wish their cases published, to send me the reports before September 1 prox. May I request your earnest co-operation in the matter, that the work may be worthy the great subject in hand. The questions to be answered are as follows: First: Name of Operator? Second: Age of Patient? Third: Nationality? Fourth: Married or Single? Fifth: Aspiration or previous tapping? Sixth: Duration of growth? Seventh: Laparotomy or vaginal Operation? Eighth: Condition of patient at time of Operation? Ninth: Were anti-septic precautions used? Tenth: Was the spray used? Eleventh: Long or short incision? Twelfth: Adhesions or other complications? Thirteenth: Double or single Ovariectomy? Fourteenth: Pathological features of Cyst? Fifteenth: Treatment of the Pedicle? Sixteenth: With or without Drainage? Seventeenth: Duration of Operation? Eighteenth: Complicated or Uncomplicated history after Operation? Nineteenth: Antipyretics used, if any? Twentieth: Result. Cause of death, if any? Twenty-first: Primary or secondary operation? Let the answers be as concise as possible. In many cases a simple yes or no will suffice. Will you kindly assist in

giving the greatest publicity possible to this notice, and publish it for a sufficient length of time in your Journal? Blanks, containing lists of the questions referred to, will be sent to any address. All communications should be addressed to me at 191 Madison Avenue.

J. E. JANVRIN.

CHLOASMA.

HAMBURG, June, 1882.

Editor of the Chicago Medical Review,

DEAR SIR:—I had much pleasure in reading the number (Vol. V, No. 8, April 15,) of the Chicago Medical Review you politely sent to me, in which you gave a short abstract out of a larger article about "salve and plaster muslins," as they call it in New York, of my invention. But I am sorry, that I must tell you, that there exists a little error, if the reporter gives my formula of bismuth oxychlorat simply by substituting bismuth subnitrate. The application of the latter is not a new one, but to introduce the bismuth oxychlorat into the scientific dermatological practice was the chief reason for me to explain my treatment of chloasma. This substance till now is only known among quacks and barbers, etc. I hope you will have soon an opportunity to correct this little error and give the right formula, especially mentioning that this very useful preparation is not to be mistaken for the nitrate. Hoping that the fears of your countrymen about the invasion of German professors and docenten will disappear, even without instituting any quarantine regulations, by the non-appearance of such miserable adventurers of whom I have heard nothing hitherto. I remain respectfully,

Yours truly, DR. UNNA.

THE error to which Dr. Unna alludes, was an unintentional misinterpretation of a defective original prescription. The editorial alluded to by Dr. Unna was satirical.

EDITOR.

CAFEONE.—Dr. Miguel Faragas ascribes the aroma of roasted coffee to a peculiar substance called cafeone, which is developed during the process of roasting. Its action on the heart is opposed to that of caffeine, as it increases the force and frequency of its pulsations.

REVIEWS.

A MANUAL OF HISTOLOGY. Edited and Prepared by Dr. T. E. Satterthwaite. New York: Wm. Wood and Co., 1881; W. T. Keener, Chicago.

This book is arranged on a plan similar to that of Stricker's Manual. It is markedly unequal. The chapters on the blood, epithelium, connective tissue, and general histology of the nervous system are excellent, as also are the chapters on the blood vessels and lymphatics. The chapter on the skin might, with some improvements, pass muster in a school book physiology. The chapter on the organs of generation is the worst sort of a compilation; all the diagrams being copied. The chapter on the central nervous system contains some amusing blunders. The spinal cord is transmuted at its termination into the coccygeal nerve. The columns of Burdach are in front of the columns of Goll, etc. Diagrams which every other neurologist has credited to Ferrier, Charcot and Flechsig, appear together with the discoveries they illustrate to be credited to Seguin. American contributions to neuro-anatomy, including those of Spitzka and Clevenger, are entirely ignored. The chapters on the eye, ear and throat, are altogether too concise. The chapter on the thick cutis vera is in many respects excellent. The rest of the chapters do not call for any special attention. The book is very well issued, but the illustrations are not as numerous or as well executed as they might be.

BOOKS AND PAMPHLETS.

Charles H. Hughes, M. D., St. Louis, Missouri. Recovery from Acute Dementia in an Old Man. Reprinted from the Alienist and Neurologist, April, 1882.

Charles H. Hughes, M. D., St. Louis, Missouri. Hyoscyamia in Psychiatry. Reprinted from the Alienist and Neurologist, April, 1882.

Edward C. Spitzka, M. D., New York City. The Evidences of Insanity Discoverable in the Brains of Criminals and Others, whose Mental Status has been Questioned. Reprinted from the American Journal of Neurology and Psychiatry, May, 1882.

Dr. Reliquet, Paris, France. De La Lithotritie Rapide. Delahaye and Le Croisnier, Paris, France, 1882.

Dr. Paul Glatz, Geneva, Switzerland. Hydrotherapy in Albuminuria and Bright's Disease.

D. Bryson Delevan, M. D., New York. Primary

Epithelioma of the Tonsil. Reprinted from the New York Medical Journal, May, 1882.

D. Bryson Delevan, M. D., New York. Nine Cases of Tumor of the Nasal Septum Anteriorly. Reprinted from the Archives of Laryngology, April, 1882.

Mrs. Ernest Hart, London, England. Note on the Formation of Fibrine. Reprinted from the Quarterly Journal of Microscopical Science.

George J. Engleman, M. D., St. Louis, Missouri. Ovariotomy Difficulties, Diagnostic and Operative, Continued Menstruation after Operation. Reprinted from the American Journal of Medical Sciences, April, 1882.

J. W. Holland, M. D., Louisville, Kentucky. Our Thirtieth Year. Annual Address before the Kentucky State Medical Society, April 5, 1882. Reprinted from the Louisville Medical News.

Boerne Bettman, M. D., Chicago, Illinois. The Condition of the Eyes in Pernicious Anæmia. An Anatomical Investigation. Reprinted from the Archives of Ophthalmology, March, 1882.

R. J. Levis, M. D. Treatment of Fracture of Lower End of the Radius. Reprinted from Transactions of Medical Society of the State of Pennsylvania.

Moriz Benedikt, M. D., Vienna, Austria. Balneotherapeutic Letters. Reprinted from the Österreichisches, Badezeitung, 1881.

Moriz Benedikt, M. D., Vienna, Austria. Nerve Stretching in Tabes Dorsalis. Reprinted from the Centralblatt fuer Psychiatrie. No. 2. 1882.

Moriz Benedikt, M. D., Vienna, Austria. The Use of the Actual Cautery in Neuralgic Affections. Reprinted from the Pester Medizinisch-Chirurgischen Presse, 1882.

THE ARMY.

OFFICIAL LIST of Changes of Stations and Duties of Officers of the Medical Department United States Army, from May 13, 1882, to May 27, 1882.

Lieut. Colonel Glover Perin, Surgeon; Major Wm. C. Spencer, Surgeon, and Capt. Philip F. Harvey, Asst. Surgeon, directed to represent the Medical Department of the Army at the Annual Meeting of the American Medical Association, to be held in St. Paul, Minn., on June 6, 1882, S. O. 114, A. G. O., May 17, 1882.

Majors C. T. Alexander and J. H. Janeway, Surgeons, and Captain A. H. White, Asst. Surgeon, detailed as members of a board of medical officers to examine into physical qualifications of members of the graduating class and of candidates for admission to military academy. S. O. 110, A. G. O., May 12, 1882.

Moseley, E. B., Captain and Asst. Surgeon. Granted leave of absence for four months. S. O. 120, A. G. O., May 24, 1882.

Hall, W. R., Captain and Asst. Surgeon. Assigned to duty at Fort Bliss, Texas. S. O. 95, Dept. of the Missouri, May 8, 1882.

